

READ CAREFULLY
THIS IS A WAIVER AND RELEASE OF LIABILITY

1. Whereas, HARRISON NORRIS, JR. (herein after known as the Undersigned), who is not an employee of WORLD CHAMPIONSHIP WRESTLING, INC. ("hereinafter "WCW") has a desire to participate in various exercises and workouts at a WCW Tryout/Workout Camp (hereinafter "Camp"), and;
2. Whereas, the Undersigned fully understands the risk involved in that it is possible to sustain serious injury during the course of said exercises and workouts, and;
3. Now therefore, in consideration of the opportunity to participate in the aforementioned exercises and workouts, I, the Undersigned, fully covenant not to sue and forever discharge the WCW its officers, trainers, physicians, players and coaches (herein after known as Releases) from any and all liability to the Undersigned, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands thereof, on account of injury to the person or property or resulting in the death of the Undersigned whether caused by negligence of Releasees or otherwise.
4. The Undersigned further represents and warrants:
 - A. That all logistics, costs and expenses associated with my participation in the Camp, including but not limited to, arrangements and expenses for travel, room and board, are my sole responsibility.
 - B. That my participation in the Camp does not create any obligation on the part of WCW, including with respect to future wrestling opportunities or services.
 - C. That I will be on the date of my participation in the Camp, between the ages of eighteen (18) and thirty (30) years of age; and
 - D. That I am in excellent physical health with no limitations that would prohibit or impair my participation in the Camp, and have obtained a letter or certification from a licensed physician verifying this.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT.

NAME: HARRISON NORRIS, JR. ADDRESS: 4360 LASHELLE AVE
 (print name) COLORADO SPRINGS
COLORADO 80913

SIGNATURE: [Signature]

WITNESS: Cherie L. Bean DATED: 8/23/95
Joe Hammett 8/23/95

0040072.01

CONFIDENTIAL

WCW 000265

APPLICATION

WCW TRYOUT/WORKOUT CAMP

NAME: HARRISON NORRIS, JR.

ADDRESS: 4360 LASHELLE AVE
COLORADO SPRINGS
COLORADO 80913

SOCIAL SECURITY NUMBER: 265-57-0393

DATE OF BIRTH: 2/5/66

HEIGHT: 5' 10 1/2"

WEIGHT: approx 205

PRIOR WRESTLING TRAINING: NONE

PRIOR WRESTLING EXPERIENCE: NONE

NAME/ADDRESS OF PHYSICIAN EVANS MEDICAL CENTER
FT. CARSON
COLORADO 80913

CONFIDENTIAL

Trust Company Bank		CASHIER'S CHECK		64-10/810	077987
P.O. Box 4418 Atlanta, Georgia 30302					AUG 23 1993
PURCHASER	***Harrison Norris Jr.***			DATE	
					VOID SIX MONTHS AFTER DATE
PAY	250.00			\$ ***250.00***	
TO THE ORDER OF	***World Championship Wrestling Inc.***				
				AUTHORIZED SIGNATURE	

⑈077987⑈ ⑆061000104⑆ 8895030805⑈

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WCW 000267

WORLD CHAMPIONSHIP WRESTLING
 DEPOSITS TO OPERATING ACCOUNT
 ACCOUNT # 12506597
 FOR THE MONTH OF FEBRUARY 1997
 AS OF 03/31/97 *March*

DEPOSIT DATE	CHECK #	CHECK DATE	NAME ON CHECK	AMOUNT	EXPLANATION (IF ANY)
-----------------	---------	---------------	---------------	--------	----------------------

03/07/97	0510	02/27/97	HARRISON NORRIS	500.00	TRAINING PROGRAM
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REDACTED

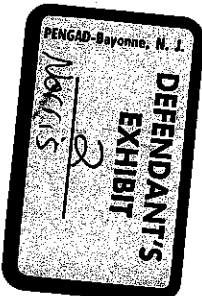
REDACTED

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03/21/97	00310358	03/19/97	DARON EASTERLING		
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REDACTED

700.00	POWER PLANT PAYMENT
300.00	POWER PLANT PAYMENT
\$250.00	POWER PLANT PAYMENT





A SUBSIDIARY OF TURNER BROADCASTING SYSTEM, INC.
ONE CNN CENTER, Box 105366, Atlanta, GA 30348-5366
(404) 827-2066 Fax: (404) 827-2931

TO: DON EDWARDS
FROM: JOE HAMILTON
RE: PAYMENTS TO POWER PLANT
DATE: 5/28/97

DON:

LUTHER WILSON HAS PAID \$1100.00
ON HIS BALANCE AND IS NOW "PAID IN FULL"
HARRISON NORRIS PAID \$400.00
AND THAT GIVES HIM A BALANCE OF \$800.00.

THANK YOU:
JOE HAMILTON

WCW 009404
CONFIDENTIAL

0520

HARRISON NORRIS JR
3006 DELMAR LANE
ATLANTA, GA 30311

64-1/610

770 429-5579

23 May 1997

PAY TO THE
ORDER OF

WCW Power Plant Inc.

\$ 400.00

four hundred dollars

DOLLARS Security features included Details on back.

WACHOVIA

Wachovia Bank of Georgia, N.A.
Atlanta, GA 30303

FOR

Payment

[Signature]

⑆061000010⑆ 28 705 483 ⑈ 0520

WCW 009405
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SOURCE CODE CR-4
JOURNAL ENTRY AT X49
REPORT DATE:

2-Jun-97	059 614200	059 464200	122 613600 S00099900	001 123800	183 442492	245 470800			
DESCRIPTION	BANK CHARGES	RETAIL SALES RETAIL	TELEPHONE	A/R MERCH	MERCH US-L&M	MISC REVENUE	DEPOSIT	DEPOSIT DATE	
1 STEVE WILSON TRAINING FEES						(1,100.00)	1,100.00	5/31/97	1
2 HARRISON NORRIS JR TRAING FEES						(400.00)	400.00	5/31/97	2
						(1,500.00)	1,500.00		
							(1,500.00)		
							= = = =		

WCW 009403
CONFIDENTIAL

10/24/97

1,000.00 m/o + Check Totdl to Acct.

10/24/97

HARRISON NORRIS JR 3006 DELMAR LANE ATLANTA, GA 30311 770 423-4956		0576
24 OCT 1997		64-1/610
PAY TO THE ORDER OF	WCW Power Plant	\$ 200.00
two hundred dollars		DOLLARS
WACHOVIA Wachovia Bank of Georgia, N.A. Atlanta, GA 30303		Security features included. Details on back.
FOR	Payment	Harrison
⑆06100010⑆ 28 705 483 ⑆ 0576		

TRAVEL Pymt for School

200.00

HARRISON NORRIS JR.
3006 DELMAR LANE
ATL. GA. 30311

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 09/30/96 - 10/13/96
 I/C & CONTRACTUAL PAY2296

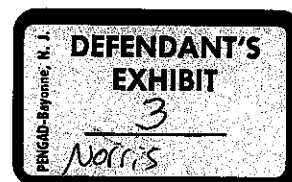
NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
09/16/96	ASHEVILLE	NC	PRIOR PERIOD ADJUSTMENTS	150.00
			TOTAL PRIOR PERIOD ADJUSTMENTS \$	150.00
10/08/96	GREENWOOD	SC	TALENT EVENT FEE	150.00
			TOTAL TALENT EVENT FEE \$	150.00
			TOTAL PAYCHECK \$	300.00

*adjustment
included*
CH

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WCW 000330



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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 11/11/96 - 11/24/96
I/C & CONTRACTUAL PAY2596

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
11/18/96	FLORENCE	SC	TALENT EVENT FEE	150.00
			TOTAL TALENT EVENT FEE	\$ 150.00
			TOTAL PAYCHECK \$	150.00

CONFIDENTIAL**WCW 000331**

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 11/25/96 - 12/08/96
 I/C & CONTRACTUAL PAY2696

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
12/02/96	DAYTON	OH	TALENT EVENT FEE	150.00
12/04/96	GAINESVILLE	GA	TALENT EVENT FEE	150.00
			TOTAL TALENT EVENT FEE	\$ 300.00
11/30/96	ATLANTA	GA	TALENT TRAVEL-WRES. OPER.	56.00
			TOTAL TALENT TRAVEL-WRES. OPER.	\$ 56.00
			TOTAL PAYCHECK \$	356.00

CONFIDENTIAL**WCW 000332**

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 12/23/96 - 01/05/97
I/C & CONTRACTUAL PAY0297

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
12/30/96	KNOXVILLE	TN	TALENT EVENT FEE	150.00
TOTAL TALENT EVENT FEE				\$ 150.00
TOTAL PAYCHECK \$				150.00

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WCW 000333

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 01/06/97 - 01/19/97
I/C & CONTRACTUAL PAY0397

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
01/08/97	GAINESVILLE	GA	TALENT EVENT FEE	150.00
			TOTAL TALENT EVENT FEE	\$ 150.00
			TOTAL PAYCHECK \$	150.00

CONFIDENTIAL**WCW 000334**

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 02/03/97 - 02/16/97
 I/C & CONTRACTUAL PAY0597

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
02/06/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/07/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/08/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/09/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/11/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/12/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/13/97	ORLANDO	FL	TALENT EVENT FEE	150.00
02/14/97	ORLANDO	FL	TALENT EVENT FEE	225.00
TOTAL TALENT EVENT FEE				\$ 1,275.00
TOTAL PAYCHECK \$				===== 1,275.00 =====

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WCW 000335

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 03/03/97 - 03/16/97
I/C & CONTRACTUAL PAY0797

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
03/04/97	ROME	GA	TALENT EVENT FEE	150.00
03/10/97	PANAMA BEACH	FL	TALENT EVENT FEE	350.00
			TOTAL TALENT EVENT FEE	\$ 500.00
			TOTAL PAYCHECK \$	500.00

CONFIDENTIAL**WCW 000337**

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 03/17/97 - 03/30/97
I/C & CONTRACTUAL PAY0897

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
03/19/97	DALTON	GA	TALENT EVENT FEE	150.00
			TOTAL TALENT EVENT FEE	\$ 150.00
			TOTAL PAYCHECK \$	150.00

CONFIDENTIAL**WCW 000338**

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 03/31/97 - 04/13/97
 I/C & CONTRACTUAL PAY0997

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
11/30/96	CHARLESTON	WV	PRIOR PERIOD ADJUSTMENTS	150.00
12/01/96	WEELING	WV	PRIOR PERIOD ADJUSTMENTS	150.00
03/03/97	ATLANTA	GA	PRIOR PERIOD ADJUSTMENTS	150.00
TOTAL PRIOR PERIOD ADJUSTMENTS \$				450.00
04/01/97	JOHNSON CITY	TN	TALENT EVENT FEE	150.00
TOTAL TALENT EVENT FEE \$				150.00
TOTAL PAYCHECK \$				600.00

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WCW 000339

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 04/14/97 - 04/27/97
I/C & CONTRACTUAL PAY1097

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
04/16/97	GAINESVILLE	GA	TALENT EVENT FEE	300.00
			TOTAL TALENT EVENT FEE	\$ 300.00
			TOTAL PAYCHECK \$	300.00

CONFIDENTIAL**WCW 000340**

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 04/28/97 - 05/11/97
 I/C & CONTRACTUAL PAY1197

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
05/01/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/02/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/03/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/04/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/06/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/07/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/08/97	ORLANDO	FL	TALENT EVENT FEE	300.00
05/09/97	ORLANDO	FL	TALENT EVENT FEE	300.00
TOTAL TALENT EVENT FEE				\$ 2,400.00
TOTAL PAYCHECK \$				2,400.00

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WCW 000341

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 05/26/97 - 06/08/97
I/C & CONTRACTUAL PAY1397

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
05/27/97	CHATTANOOGA	TN	TALENT EVENT FEE	300.00
			TOTAL TALENT EVENT FEE	\$ 300.00
			TOTAL PAYCHECK \$	300.00

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WCW 000336

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 06/09/97 - 06/22/97
I/C & CONTRACTUAL PAY1497

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
06/11/97	BIRMINGHAM	AL	TALENT EVENT FEE	300.00
			TOTAL TALENT EVENT FEE	\$ 300.00
			TOTAL PAYCHECK \$	300.00

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WCW 000342

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 06/23/97 - 07/06/97
I/C & CONTRACTUAL PAY1597

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
06/24/97	DALTON	GA	TALENT EVENT FEE	300.00
			TOTAL TALENT EVENT FEE	\$ 300.00
			TOTAL PAYCHECK \$	300.00

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WCW 000343

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 07/07/97 - 07/20/97
 I/C & CONTRACTUAL PAY1697

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
06/06/97	ATLANTA	GA	OUTSIDE SERVICES - TV	150.00
			TOTAL OUTSIDE SERVICES - TV	\$ 150.00
07/17/97	ORLANDO	FL	TALENT EVENT FEE	300.00
07/18/97	ORLANDO	FL	TALENT EVENT FEE	300.00
07/19/97	ORLANDO	FL	TALENT EVENT FEE	300.00
07/20/97	ORLANDO	FL	TALENT EVENT FEE	300.00
			TOTAL TALENT EVENT FEE	\$ 1,200.00
			TOTAL PAYCHECK \$	===== 1,350.00 =====

CONFIDENTIAL**WCW 000344**

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 07/21/97 - 08/03/97
I/C & CONTRACTUAL PAY1797

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
07/23/97	ORLANDO	FL	TALENT EVENT FEE	300.00
07/24/97	ORLANDO	FL	TALENT EVENT FEE	300.00
07/25/97	ORLANDO	FL	TALENT EVENT FEE	300.00
07/26/97	ORLANDO	FL	TALENT EVENT FEE	300.00
TOTAL TALENT EVENT FEE				\$ 1,200.00
TOTAL PAYCHECK \$				1,200.00

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WCW 000345

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 09/29/97 - 10/12/97
I/C & CONTRACTUAL PAY2297

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
10/01/97	DALTON	GA	TALENT EVENT FEE	300.00
10/09/97	ORLANDO	FL	TALENT EVENT FEE	300.00
10/10/97	ORLANDO	FL	TALENT EVENT FEE	300.00
10/11/97	ORLANDO	FL	TALENT EVENT FEE	300.00
10/12/97	ORLANDO	FL	TALENT EVENT FEE	300.00
TOTAL TALENT EVENT FEE				\$ 1,500.00
TOTAL PAYCHECK \$				1,500.00

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WCW 000347

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 10/13/97 - 10/26/97
 I/C & CONTRACTUAL PAY2397

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
10/08/97	ATLANTA	GA	CONS ON-AIR PROD-MKT	200.00
TOTAL CONS ON-AIR PROD-MKT				\$ 200.00
10/13/97	TAMPA	FL	TALENT EVENT FEE	300.00
10/14/97	FT. MYERS	FL	TALENT EVENT FEE	300.00
10/15/97	ORLANDO	FL	TALENT EVENT FEE	300.00
10/16/97	ORLANDO	FL	TALENT EVENT FEE	300.00
10/17/97	ORLANDO	FL	TALENT EVENT FEE	300.00
10/18/97	ORLANDO	FL	TALENT EVENT FEE	300.00
TOTAL TALENT EVENT FEE				\$ 1,800.00
TOTAL PAYCHECK \$				2,000.00

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WCW 000346

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 01/05/98 - 01/18/98
I/C & CONTRACTUALS PAY0398

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
01/06/98	ROME	GA	TALENT EVENT FEE	300.00
01/09/98	ORLANDO	FL	TALENT EVENT FEE	300.00
01/10/98	ORLANDO	FL	TALENT EVENT FEE	300.00
01/11/98	ORLANDO	FL	TALENT EVENT FEE	300.00
TOTAL TALENT EVENT FEE			\$	1,200.00
TOTAL PAYCHECK			\$	1,200.00

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WCW 000349

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 01/19/98 - 02/01/98
I/C & CONTRACTUAL PAY0498

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
02/01/98	ATLANTA	GA	CONS ON-AIR PROD - PPV	450.00
			TOTAL CONS ON-AIR PROD - PPV \$	450.00
			TOTAL PAYCHECK \$	450.00

CONFIDENTIAL**WCW 000348**

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 03/16/98 - 03/29/98
I/C & CONTRACTUAL PAY0898

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
03/17/98	OZARK	AL	TALENT EVENT FEE	300.00
			TOTAL TALENT EVENT FEE	\$ 300.00
			TOTAL PAYCHECK \$	300.00

CONFIDENTIAL**WCW 000315**

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 03/30/98 - 04/12/98
I/C & CONTRACTUAL PAY0998

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
03/31/98	MADISON	WI	TALENT EVENT FEE	300.00
04/03/98	ORLANDO	FL	TALENT EVENT FEE	350.00
04/04/98	ORLANDO	FL	TALENT EVENT FEE	350.00
04/05/98	ORLANDO	FL	TALENT EVENT FEE	350.00
TOTAL TALENT EVENT FEE				\$ 1,350.00
TOTAL PAYCHECK \$				<u>1,350.00</u>

CONFIDENTIAL

WCW 000350

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 05/11/98 - 05/24/98
I/C & CONTRACTUAL PAY1298

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
05/13/98	ATLANTA	GA	TALENT EVENT FEE	350.00
			TOTAL TALENT EVENT FEE	\$ 350.00
			TOTAL PAYCHECK \$	350.00

CONFIDENTIAL**WCW 000351**

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 06/08/98 - 06/21/98
 I/C & CONTRACTUAL PAY1498

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
06/15/98	ATLANTA	GA	CONTRACT LABOR WREST OPS	75.00
			TOTAL CONTRACT LABOR WREST OPS \$	75.00
06/09/98	SAGINAW	MI	TALENT EVENT FEE	350.00
			TOTAL TALENT EVENT FEE \$	350.00
			TOTAL PAYCHECK \$	425.00

CONFIDENTIAL**WCW 000352**

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WORLD CHAMPIONSHIP WRESTLING, INC.
 INDEPENDENT CONTRACTOR (ALL)
 REPORT PERIOD: 06/22/98 - 07/05/98
 I/C & CONTACTUAL PAY1598

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
06/18/98	ATLANTA	GA	CONTRACT LABOR WREST OPS	100.00
TOTAL CONTRACT LABOR WREST OPS \$				100.00
06/26/98	ORLANDO	FL	TALENT EVENT FEE	350.00
06/27/98	ORLANDO	FL	TALENT EVENT FEE	350.00
06/28/98	ORLANDO	FL	TALENT EVENT FEE	350.00
TOTAL TALENT EVENT FEE \$				1,050.00
TOTAL PAYCHECK \$				1,150.00

CONFIDENTIAL**WCW 000353**

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 07/06/98 - 07/19/98
I/C & CONTRACTUAL PAY1698

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
07/07/98	MACON	GA	TALENT EVENT FEE	350.00
TOTAL TALENT EVENT FEE				\$ 350.00
TOTAL PAYCHECK \$				350.00

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WCW 000354

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WORLD CHAMPIONSHIP WRESTLING, INC.
INDEPENDENT CONTRACTOR (ALL)
REPORT PERIOD: 09/28/98 - 10/11/98
I/C & CONTRACTUAL PAY2298

NAME: NORRIS, HARRISON

EVENT DATE	CITY	STATE	DESCRIPTION	AMOUNT
10/06/98	GAINESVILLE	GA	TALENT EVENT FEE	350.00
			TOTAL TALENT EVENT FEE	\$ 350.00
			TOTAL PAYCHECK \$	350.00

CONFIDENTIAL**WCW 000355**

Set up
a file

FEDERAL EXPRESS

September 17, 1998

Mr. Harrison Norris
1026 Plantation Way
Kennesaw, GA 30144

Re: Unauthorized use of the WCW trademark

Pursuant to our recent phone conversation, I would like to confirm that you **do not** have the authorization of World Championship Wrestling, Inc. to utilize our name, trademarks or logos (the "Marks") in connection with the advertising, promotion and production of any wrestling or wrestling related events.

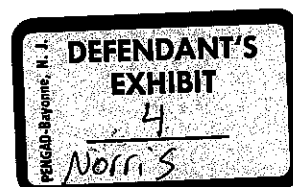
Your use of the Marks in this manner will be deceptive, unauthorized and is likely to lead consumers to believe that WCW has authorized, sponsored or endorsed the events. In the event you proceed to utilize the Marks, we will be forced to take such actions as we deem necessary to protect our proprietary rights in the Marks.

Nothing contained in this letter, nor any act or omission to act by WCW, is intended or should be deemed to be a waiver, abridgment, alteration, modification or reduction of any rights or remedies which WCW may have in regard to this matter and all such rights or remedies, whether at law or in equity, are hereby expressly reserved.

Sincerely,

Diana L. Myers
Legal Affairs

CONFIDENTIAL



WCW 002817

Form
I.D. No. 0210

Sender's Copy

4a Express Package Service Packages under 150 lbs.
☐ **FedEx Priority Overnight**
 (Next business morning)
☒ **FedEx Standard Overnight**
 (Next business afternoon)
 Delivery commitment may be later in some areas

☐ **FedEx First Overnight**
 Earliest, next business morning delivery to select locations (higher rates apply)

☐ **FedEx 2Day**
 Second business day

☐ **FedEx Express Saver**
 Third business day

4b Express Freight Service Packages over 150 lbs.

☐ **FedEx Overnight Freight** (Next business day) ☐ **FedEx 2day Freight** (Second business day) ☐ **FedEx Express Saver Freight** (Up to 3 business days)

(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging

☒ Fedex Letter ☐ Fedex Pak ☐ Fedex Box ☐ Fedex Tube ☐ Other

6 Special Handling (One box must be checked) — ☐ No ☐ Yes Shipper's Declaration (as per attached) ☐ Yes Shipper's Declaration

☐ **Cargo Aircraft Only** ☐ Dry Ice, 3, UN 1845 _____ x _____ kg.

Bill to: ☒ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FerEx
Account No. _____

Total Packages	Total Weight	Total Declared Value*	Total Charges
_____	_____	_____	_____

*When declaring a value higher than \$100 for shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature Sign to authorize delivery without obtaining signature.

Our signature authorizes Federal Express to deliver this shipment without obtaining a signature and agree to indemnify and hold harmless Federal Express from any resulting claims.

Rev. Date 12/97
Part # 153023
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PRINTED IN U.S.A.

The World On Time

005319272 3

321

WCSL 029
Rev. Date 12/9
Part #15302
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RETAIN THIS COPY FOR YOUR RECORDS

A. PROPOSED EVENT INFORMATION

1. NAME OF PROPOSED EVENT SCWA PRO WRESTLING

2. DATE(S) REQUESTED & EVENT TIME JANUARY 2, 1999

3. LENGTH OF EVENT 7:00 A.M. UNTIL 12:00 P.M.

4. PROPOSED TICKET PRICE(S) \$8 ADULTS \$6 Kids \$4 Seniors

5. ESTIMATED DAILY ATTENDANCE # 400 LA ATTENDANCE

6. NATURE OF EVENT INCLUDING NAME(S) OF PERFORMER(S) TO Promote Wrestling
PROFESSIONAL Wrestling

7. BRIEF DESCRIPTION OF EVENT SCWA WRESTLING

B. LEASING ORGANIZATION INFORMATION:

1. PARTY LEASING FACILITY AND RESPONSIBLE FOR ALL FINANCES:

NAME HARRISON MORRIS JR.

ADDRESS 1028 PLANTATION WAY

CITY Kennesaw STATE GA ZIP 30144

PHONE 770 429-5579 FAX

2. APPLICANT IS A _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

3. PRINCIPAL OWNERS/MANAGERS IN LEASING ORGANIZATION

HARRISON MORRIS JR. owner Vice Chairman

TITLE

TITLE

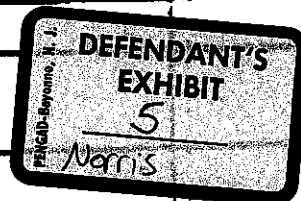
TITLE

4. LIST ANY OTHER INDIVIDUALS, COMPANIES, OR ORGANIZATIONS INVOLVEMENT WITH PRESENTATION OF THIS EVENT.

5. PROVIDE BANK AND CREDIT CARD REFERENCES

Wachovia Bank

Summitt Bank



6. COUNTY AND STATE IN WHICH APPLICANT IS REGISTERED OR INCORPORATED AND DATE OF INCORPORATION:

GA Cobb County

WCW 009412
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REFERENCES AND EXPERIENCE:

1. List previously used facilities, their locations, and the name or a brief description of the event. Please provide the information from the most recent date.

- a. Event SCWA PRO WRESTLING Date Jan - Aug 1998
 Facility Rossville, GA City/State Rossville, GA
 Contact Pete Phone 706-937-5902
- b. Event SCWA PRO WRESTLING Date Jan - Aug 1998
 Facility GRIFFIN GA ^{NATIONAL GUARD ARMORY} City/State GRIFFIN, GA
 Contact SFC Jones Phone 770-358-2116
- c. Event SCWA PRO WRESTLING Date Jan - Nov 1998
 Facility NATIONAL GUARD ARMORY City/State GRIFFIN, GA
 Contact SFC Jones Phone 770 229-3281

2. List other references and contact telephone numbers in event promotion and presentation who can attest to the applicant's ability to provide Ogden Entertainment with a professionally produced and managed event. These references may include talent agents, artist managers, touring show managers, sports administrators, trade show or convention exhibitors or suppliers:

Pez Whalley

404 603-8505

Dorrie BREWARD

770 421-0200

PROPOSED EVENT INFORMATION:

Facility/Area to be utilized: By SCWA IN PRO WRESTLING

Name of proposed Event: Star South Championship Wrestling Alliance

Date(s) / Time(s) of proposed Event: January 2, 1999

Length of Event: 10:00 AM - UNTIL 12:00 PM

Proposed Admission Cost: \$8 Adults \$6 Kids \$4 Seniors

Estimated Attendance per day: 400

Brief Description of Event: Professional Wrestling

This application must be completed and returned to the facility prior to estimating and contracting your event.

If Ogden Entertainment approves the applicant's event and agrees to lease the Saenger Theatre or Bayfront Auditorium for the event herein described, the applicant shall agree to follow all reasonable rules, regulations and policies, established by Ogden Entertainment and included in the building Lease Agreement for the operations of the facility.

It is hereby understood that this is only an application to obtain a Lease Agreement for the use of the Saenger Theatre / Bayfront Auditorium and is in no way a binding agreement between the applicant and Ogden Entertainment. Unless this application is approved and a Lease Agreement is issued, there shall be no legal and binding commitment whatsoever between the applicant and Ogden Entertainment.

Ogden Entertainment shall maintain the sole right of approval of events, including the right to allow a reasonable period of separation between similar events in order to provide the opportunity for the success of each event.

The applicant hereby agrees that the information provided herein is true and factual, that the applicant is not acting on behalf of any undisclosed parties or principals and has provided full, complete and accurate disclosure of the information contained herein. The applicant also understands that providing false information could result in the immediate cancellation of the event and/or the implementation of default provisions of the Lease Agreement.

Applicant / Title:

VICE CHAIRMAN HARRISON NORRIS JR.

Signature / Date:

Harrison Norris Jr. 31/05/00

Remarks / Miscellaneous Information:

Reviewed and approved for leasing by:

Date:

Estimate / Lease Agreement issued:

WCW 009414
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A Time Warner Company

A DIVISION OF TURNER SPORTS
ONE CNN CENTER, Box 105366, Atlanta, GA 30348-5366
(404) 603-3123

FEDERAL EXPRESS

November 16, 1998

~~Mr. Harris~~
1026 Plantation Way
Kennesaw, GA 30144

Dear Mr. Norris:

We have recently been informed that you have attempted to book an arena for a wrestling event by using the WCW name and intimating an affiliation between WCW, yourself and the event.

As we have previously discussed, any representations of this nature are deceptive and unauthorized. If you make any representations in the future that you are in any way affiliated with WCW in the booking of any events, WCW will take the action we deem necessary to protect our interests.

Further, let me emphasize that you are **not** permitted to utilize any WCW wrestlers that are under contract to WCW without the advance written permission of JJ Dillon. These wrestlers have exclusive contracts with WCW and any use on your part without our written permission will be considered tortious interference with our contractual relationship.

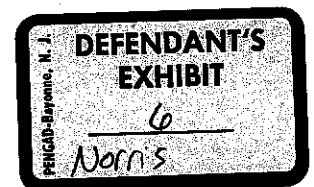
Nothing contained in this letter, nor any act or omission to act by WCW, is intended or should be deemed to be a waiver, abridgment, alteration, modification or reduction of any rights or remedies which WCW may have in regard to this matter and all such rights or remedies, whether at law or in equity, are hereby expressly reserved.

Sincerely,

A handwritten signature in black ink, appearing to read "Diana L. Myers".

Diana L. Myers
Legal Affairs

cc: Eric Bischoff
JJ Dillon



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WCW 002815

oEx USA AirbillFedEx
Tracking
Number

808617568428

Form
I.D. No.

0210

Ser

(please print and press hard)

H16-98

Sender's FedEx Account Number 2231-1177-7

Diana Myers

Phone ()

WORLD CHAMPIONSHIP WRESTLING

2865 LOG CABIN DR SE

Dept./Floor/Suite/Room

SMYRNA

State GA ZIP 30080

Internal Billing Reference Information
(First 24 characters will appear on invoice)

(please print and press hard)

Mr Harris m NURIS

Phone ()

1026 plantation way

(We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes)

Dept./Floor/Suite/Room

KENTUCKY

State GA ZIP 30144

or HOLD at FedEx Location check here

☐ Hold Weekday (Not available with FedEx First Overnight)☐ Hold Saturday (Available for FedEx Priority Overnight and FedEx 2Day only)

For WEEKEND Delivery check here

☐ Saturday Delivery (Available for FedEx Priority Overnight and FedEx 2Day only)☐ NEW Sunday Delivery (Available for FedEx Priority Overnight only)

ditions, Declared Value, and Limit of Liability - By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Service Guide. Both are available on request. SEE BACK OF COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. We are responsible for any claim in excess of \$100 per package whether loss, damage, or delay, non-delivery, misdelivery, or misinformation, declare a higher value, pay an additional charge, and document your

actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

ions?
800-Go-FedEx® (800)463-3339

The World On Time®

007202193 6

4a Express Package Service Packages under

☒ FedEx Priority Overnight (Next business morning)☐ FedEx Standard (Next business after)☐ FedEx First Overnight

(Earliest next business morning delivery to select location)

☐ FedEx 2Day (Second business day)☐ FedEx Express Saver (Third business day)

FedEx Letter Rate not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs.

☐ FedEx Overnight Freight (Next business day)☐ FedEx 2Day Freight (Second business day)☐ FedEx Express Freight (Up to 3 business days)

(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging

☒ FedEx Letter☐ FedEx Pak☐ FedEx Box☐ FedEx Tube☐ Other Pkg.

Declared value limit \$500

6 Special Handling

Does this shipment contain dangerous goods?*

☐ No☐ Yes

(As per attached Shipper's Declaration)

☐ Yes (Shipper's Declaration not required)☐ Dry Ice

Dry Ice, 9, UN 1845

x kg.

☐ Cargo Aircraft Only

*Dangerous Goods cannot be shipped in FedEx packaging.

7 Payment

Bill to:

☒ Sender (Account No. in Section 1 will be billed)☐ Recipient☐ Third Party☐ Credit Card☐ Cash/Check

FedEx Account No.

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Credit Card No.

Exp. Date

Total Packages

Total Weight

Total Declared Value*

Total Charges

\$.00 \$

*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature Sign to authorize delivery without obtaining signature.

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

WCW 002816

321

WCSL 0798
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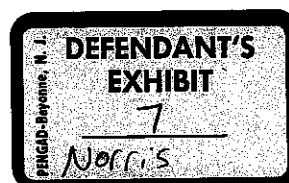
INDEPENDENT CONTRACTOR AGREEMENT

THIS INDEPENDENT CONTRACTOR AGREEMENT (the "Agreement") is made and entered into as of the 19 day of April, 1999 by and between WORLD CHAMPIONSHIP WRESTLING, INC., a Georgia corporation located at One CNN Center, Box 105366, Atlanta, Georgia 30348 ("WCW"), and HARRISON NORRIS JR ("Trainee").

FOR AND IN CONSIDERATION of the mutual promises and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

1. Services.

(a) Subject to the terms and conditions set forth in this Agreement, Trainee agrees to provide the following services as requested by WCW (the "Services") (i) appear and perform as a professional wrestler at events, including without limitation, live and taped television shows, pay-per-view telecasts, live arena shows and other promotional events, as requested by WCW ("Events"); (ii) cooperate with and assist in activities intended to publicize, advertise and promote the Events, WCW and WCW merchandise, including, but not limited to, on-sale ticket appearances, media interviews and other publicity appearances; (iii) develop his own, individual wrestling style and persona, with advice from WCW, that will be attractive to wrestling fans; (iv) provide all wardrobe, props and make-up necessary for his performance at any Event; provided, however, all such items shall be subject to approval by WCW prior to their use in an Event; and (v) perform such other services as may be reasonably requested by WCW. In addition to the foregoing, Trainee shall attend regular training sessions at the designated WCW work out



facility and follow the instructions of the WCW trainers. Trainee agrees to use his best efforts to perform the Services in a professional manner consistent with the customs of the professional wrestling industry.

(b) In connection with Trainee's performance of the Services, Trainee grants WCW the following exclusive, paid-up, worldwide rights: (i) to arrange Trainee's performance or appearance at Events; (ii) to sell or distribute admission tickets for all Events; (iii) to create, publish, distribute, broadcast, photograph, film, tape or otherwise record (or authorize others to do so), in any and all available media, any or all of the Events or animated programs (any such creation or recording shall be referred to as a "Program"); and (iv) to use, exhibit and distribute, and to license others to use, exhibit and distribute, in perpetuity, any Program, or any part or segment of any Program, in any and all media and by any and all methods, whether now known or coming into existence hereafter, and, in connection therewith, to utilize and exploit the name, image, likeness, character, costume, props, ring name, voice, logo, service marks, trademarks, trade names, signature, gimmicks, routines, themes and caricatures and any and all other distinctive and identifying indicia as used by or associated with Trainee. The rights granted by this section shall be exclusive to WCW during the Term and for the period set forth in section 9(b), and shall be non-exclusive thereafter. Trainee expressly acknowledges and agrees that the rights granted to WCW in section 1(b)(iv) shall continue in effect after the expiration, nonrenewal or termination (for any reason) of this Agreement. WCW and Trainee acknowledge and agree that they have entered into that certain Merchandising Agreement of even date herewith with respect to certain specified merchandising activities.

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2. **Independent Contractor.** Trainee, in the performance of the Services agreed to in this document, is an independent contractor. In the performance of this Agreement, both WCW and Trainee shall be acting in their own separate capacities and not as agents, employees, partners, joint venturers or associates of one another. It is expressly understood and agreed that Trainee is not authorized to bind WCW to any liability or obligation or to represent that it has any such authority. Trainee is responsible for all of his expenses, including without limitation, medical expenses, health and welfare insurance, disability insurance, training expenses, props, wardrobe, make-up and other expenses necessary to perform the Services under this Agreement. Without limiting the generality of the foregoing, Trainee acknowledges that, as between WCW and Trainee, Trainee shall be solely responsible and liable for the payment of any and all withholding or other taxes levied, assessed or due as a result of the services which are performed by Trainee under this Agreement. Any and all travel incurred by Trainee in the performance of services hereunder shall be pursuant to WCW's Travel Policy, as amended by WCW from time to time.

3. **Compensation.**

(a) As full and complete compensation for the Services, WCW shall pay to Trainee, and Trainee shall accept, the payments described on Exhibit A, attached hereto and incorporated herein by reference.

(b) For general payment purposes, Trainee's compensation shall be payable in equal installments on a twice a month basis or based on such schedule as WCW may implement from time to time.

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4. **Ownership of Work Product.** All work product, themes, routines, characters, storylines, property, data, documentation or information or materials conceived, discovered, developed or created by Trainee pursuant to this Agreement including, without limitation, the Programs (collectively, the "Work Product") shall be owned exclusively by WCW. To the greatest extent possible, any Work Product shall be deemed to be a "work made for hire" (as defined in the Copyright Act, 17 U.S.C.A. §§ 101 et seq., as amended) and owned exclusively by WCW. Trainee hereby unconditionally and irrevocably transfers and assigns to WCW all right, title and interest in or to any Work Product, including, without limitation, all patents, copyrights, trade secrets, trademarks, service marks and other intellectual property rights therein. Trainee agrees that any ring name, nickname, persona, logo or character developed by him and/or WCW during the Term and used by him in connection with performance of the Services shall be part of the "Work Product," and shall be the exclusive property of WCW. WCW shall have the right to register any such name, nickname or logo as a trademark or service mark of WCW, to the extent WCW considers such registration to be permitted and appropriate under any applicable law. Without regard to any such registration, Trainee hereby covenants that he shall not use any such ring name, nickname, persona, logo or character developed during the Term for any purpose at any time, in perpetuity, without the express consent of WCW. Trainee agrees to execute and deliver to WCW any transfers, assignments, documents or other instruments which WCW may deem necessary or appropriate, from time to time, to vest complete title and ownership of any Work Product, and all associated intellectual property and other rights, exclusively in WCW. If such Work Product is not considered to be a "work made for hire," Trainee hereby

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assigns to WCW for One Dollar (\$1.00) in hand and other good and valuable consideration all rights, title and interest in and to the copyright thereof and all renewals and extensions thereof that may be secured under the laws of any country now or hereafter in force and effect. WCW shall have full, immediate and unrestricted access to all Work Product during the Term of this Agreement.

5. Compliance with Laws, Rules and Regulations. (a) Trainee agrees to comply with all applicable policies, rules, procedures and regulations adopted from time to time by WCW (including without limitation the WCW Independent Contractor Rules and Regulations and Travel Policy) and all other applicable federal, state and local laws, rules, regulations, or ordinances; (b) Trainee further agrees to abide by the terms and conditions of the WCW Substance Abuse Policy which Trainee agrees he has received and reviewed.

6. Representations and Warranties. Trainee hereby represents and warrants to WCW as follows: (a) Trainee has the full power, authority, ability and legal right to execute and deliver this Agreement and to perform his obligations hereunder; (b) Trainee has all legal rights, power, authority and ability to convey the Work Product to WCW; (c) this Agreement constitutes the legal, valid and fully binding obligation of Trainee and is enforceable in accordance with its terms; (d) the execution, delivery and performance of this Agreement have been consented to and authorized by all individuals or entities required to consent to and authorize the same, will not contravene any law, regulation, judgment or decree applicable to Trainee, and will not cause or result in a breach of or default under any other agreement, contract or understanding to which Trainee is a party; (e) there are no pending claims or litigation which would or might

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interfere with the performance of Trainee's obligations or the enjoyment of WCW's rights under this Agreement; and (f) Trainee is not currently using, and during the term of this Agreement, shall not use, any illegal drugs, steroids or other substances prohibited by WCW.

7. **Indemnification.** Trainee agrees to indemnify, defend and hold harmless WCW, its directors, officers, and shareholders, and their respective agents, officers and employees, against any and all suits, damages, expenses (including, without limitation, court costs, attorneys' fees and allocable costs of in-house counsel), losses, liabilities and claims of any kind, caused by or resulting from any breach of this Agreement or by any other act or omission of Trainee whether the same may be the result of negligence, willful act, responsibility under strict liability standards, any other substandard conduct or otherwise.

Trainee shall at all times be responsible for any loss or damage to any WCW property by Trainee or while in the possession of Trainee, unless said damage occurs at the direct instruction of WCW as part of a storyline. The loss or damage thereto shall be restored at Trainee's expense.

8. **Term, Termination and Incapacity.**

(a) Unless sooner terminated in accordance with the provisions of this Agreement, the term of this Agreement shall be as described in Exhibit A attached hereto and incorporated herein by reference.

(b) The term of this Agreement shall be divided into consecutive one (1) month periods. During any such period, WCW may terminate this Agreement with or without cause after giving Trainee at least fourteen (14) days prior written notice of such

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termination. Any such termination shall be effective at the end of the then-current three (3) month period.

(c) Trainee may terminate this Agreement upon the occurrence of any material breach of any provision hereof by WCW which remains uncured for a period of fifteen (15) consecutive days after Trainee has provided WCW with written notice of the breach.

(d) WCW may immediately terminate this Agreement upon the occurrence or at any time during the continuation of any material breach of any provision hereof by Trainee.

(e) WCW may terminate this Agreement or suspend Trainee without pay, for "Good Cause" by written notice setting forth the reason for such termination or suspension. For the purposes of this Agreement, the WCW shall have "Good Cause" for termination of Trainee's Agreement or suspension without pay (i) if Trainee is convicted of or pleads guilty to any felony or a crime involving theft, fraud, or moral turpitude; (ii) if Trainee intentionally violates any law, rule, regulation or order of any governmental authority, thereby exposing WCW, its parent, subsidiaries or any affiliated entity of the WCW to potential civil or criminal penalties; (iii) if Trainee fails to adequately or completely perform any of his duties or obligations hereunder, whether express or implied; (iv) if Trainee fails to follow the direction of WCW's officers; (v) if Trainee engages in conduct or activities involving moral turpitude materially damaging to the business or reputation of WCW; (vi) if Trainee violates the WCW Substance Abuse Policy; (vii) if Trainee otherwise breaches any provision or representation of this agreement; or (viii) if Trainee intentionally misappropriates for his own purpose and

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benefit any property of the WCW, its parent, subsidiaries or any affiliated entity of WCW or appropriates any corporate opportunity of WCW, its parent, subsidiaries or any affiliated entity of WCW. Trainee acknowledges that a waiver by WCW of its rights with respect to any provision of this paragraph in one instance will not be deemed to constitute a waiver of its rights with respect to the same or a similar breach thereafter.

(f) This Agreement shall terminate automatically upon the death or incapacity of Trainee.

(g) Trainee acknowledges his present eligibility for workers' compensation through WCW. For so long as WCW maintains worker's compensation coverage, Trainee agrees to accept the benefits provided by said workers' compensation coverage as his sole and exclusive remedy against WCW, (including its parent, affiliates, employees and agents), for any and all injuries sustained during the Term provided said coverage is maintained by WCW and is in effect with respect to such injury. Notwithstanding anything herein to the contrary, WCW shall not be obligated to maintain workers' compensation coverage.

9. **Restrictive Covenants.**

(a) **Confidentiality.** "Confidential Information" shall mean any confidential, proprietary, business information or data belonging to or pertaining to WCW that does not constitute a "Trade Secret" (as defined under applicable law) and that is not generally known by or available through legal means to the public. In recognition of WCW's need to protect its legitimate business interests, Trainee hereby covenants and agrees that Trainee shall not, unless specifically directed by WCW, for any reason or in any fashion, either directly or indirectly use, disclose, transfer, assign, disseminate,

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reproduce, copy, or otherwise communicate any: Confidential Information, at all times during his contractual relationship with WCW and for a period of one (1) year following the termination thereof for any reason; and Trade Secrets, at all times such information remains a "trade secret" under applicable law. During the Term, Trainee shall: exercise his best efforts to ensure the continued confidentiality of all Trade Secrets and Confidential Information of WCW known by, disclosed to or made available to Trainee, whether in connection with this Agreement or any other past or present relationship with WCW; immediately notify WCW of any unauthorized disclosure or use of any Trade Secrets or Confidential Information of which Trainee becomes aware; and assist WCW, to the extent necessary, in the procurement of or any protection of WCW's rights to or in any of the Trade Secrets or Confidential Information.

(b) Noncompetition. During the Term and within the Territory of this Agreement, Trainee shall perform the Services exclusively for WCW and shall not, directly or indirectly, be employed by, perform services for, or engage or be connected in any manner with any other business entity without the express written consent of WCW. Trainee expressly covenants and agrees that for a period of one hundred and twenty (120) days after any termination or expiration of this Agreement, for any reason (the "Non-Compete Period"), he shall not provide those Services specifically delineated in sections 1(a)(i) and (ii) to any other individual, company or business in the United States, Canada and Japan. In addition, during the Non-Compete Period, Trainee shall not appear or perform in any media (including but not limited to broadcast, pay-per-view and cable television, video replay, telephone hot-line, radio, magazine and internet) in any manner or capacity relating to wrestling or any other related professional, entertainment or

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athletic event for or on behalf of Titan Sports, Inc. (WWF) or HHG Corporation (ECW) in the United States, Canada and Japan or for broadcast therein. Trainee acknowledges that the Non-Compete Period shall be increased to six (6) months in the event this Agreement is terminated for Good Cause pursuant to paragraph 8(d).

(c) Acknowledgment of Reasonableness. The parties expressly acknowledge the reasonableness and content of the covenants and agreements contained in this section.

10. Notices. All notices and statements provided for or required by this Agreement shall be in writing, and shall be delivered personally to the other designated party, or mailed by certified or registered mail, return receipt requested, or deposited with a recognized national overnight courier service. Notices shall be deemed effective on the earlier of when hand delivered, when deposited with a recognized national overnight courier service or when received by mail.

11. Miscellaneous.

(a) This Agreement, and the documents referenced herein, contain the entire agreement and understanding and shall supersede all prior agreements or understandings concerning the subject matter hereof between the parties hereto. No waiver, termination or discharge of this Agreement, or any of the terms or provisions hereof, shall be binding upon either party hereto unless confirmed in writing. This Agreement may not be modified or amended, except by a writing executed by both parties. No waiver by either party of any term or provision of this Agreement or of any default hereunder shall affect such party's rights thereafter to enforce such term or

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provision or to exercise any right or remedy in the event of any other default, whether or not similar.

(b) This Agreement is the product of arm's-length negotiations between Trainee and WCW. Trainee expressly states that he has had the opportunity to seek and obtain consultation in connection with the negotiation and execution of this Agreement, and that he fully understands the rights and obligations set forth herein. In the construction and interpretation of this Agreement, no account shall be taken of which party requested or drafted any particular provision or provisions of this Agreement.

(c) Regardless of the place of execution hereof, this Agreement and all amendments hereto, shall be deemed to have been negotiated, made, entered into and fully performed in the State of Georgia, without regard to the actual location at which Trainee provides Services to WCW. This Agreement shall be governed by and construed exclusively in accordance with the laws of the State of Georgia applicable to contracts made, entered into and performed entirely therein, without giving effect to its conflict of laws provisions. Trainee and WCW hereby (i) submit to the jurisdiction of the United States District Court for the Northern District of Georgia and of any Georgia state court sitting in Atlanta for the purposes of all legal proceedings arising out of or relating to this Agreement and (ii) irrevocably waive, to the fullest extent permitted by law, any objection which it may now or hereafter have to the venue of any such proceeding which is brought in such a court. Additionally, the parties hereto agree that the State of Georgia shall be the exclusive forum and situs for the resolution of any and all disputes, controversies or matters arising herefrom or related hereto. Trainee's Home Base is

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identified solely for travel purposes and shall not affect the choice of law, jurisdiction or venue hereunder.

(d) The parties further agree, notwithstanding the consideration provided for herein, that because of the special, unique and extraordinary nature of the Services hereunder and of the rights and licenses which are the subject matter of this Agreement, WCW shall be entitled to injunctive and other equitable relief to prevent any breach or default by Trainee hereunder, and such relief shall be without prejudice to any other rights or remedies of WCW as may be provided by law.

(e) WCW may hereby assign its rights and delegate its obligations under this Agreement, and if such assignee shall assume WCW's obligations in writing, WCW shall have no further obligations to Trainee. Trainee may not assign this Agreement, in whole or in part, without the prior written consent of WCW, and any attempted assignment not in accordance herewith shall be null and void and of no force or effect.

(f) This Agreement shall be binding on Trainee and his successors and permitted assigns.

(g) Nothing herein shall be deemed to obligate WCW to use the services of Trainee and WCW shall have fully discharged its obligations hereunder by paying the amount specified herein.

(h) With respect to WCW's rights hereunder, WCW shall have the sole right and discretion to bring any and all claims including but not limited to infringement or unfair competition claims.

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(i) The headings contained herein are for the convenience of the parties only and shall not be interpreted to limit or affect in any way the meaning of the language contained in this Agreement.

(j) This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute the same Agreement. Any signature page of any such counterpart, or any electronic facsimile thereof, may be attached or appended to any other counterpart to complete a fully executed counterpart of this Agreement, and any telecopy or other facsimile transmission of any signature shall be deemed an original and shall bind such party.

(k) If any provision of this Agreement shall be held void, voidable, invalid or inoperative, no other provision of this Agreement shall be affected as a result thereof, and accordingly, the remaining provisions of this Agreement shall remain in full force and effect as though such void, voidable, invalid or inoperative provision had not been contained herein.

(l) Upon the request of WCW, Trainee agrees to take any and all actions, including, without limitation, the execution of certificates, documents or instruments, necessary or appropriate to give effect to the terms and conditions set forth in this Agreement.

(m) Notwithstanding any termination of this Agreement, all provisions which, by their terms or reasonable interpretation thereof, sets forth obligations that extend beyond the termination of this Agreement hereof shall survive and remain in full force and effect.

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IN WITNESS WHEREOF, the parties hereto have executed or caused their duly authorized representatives to execute this Agreement to be effective as of the day and year first above written.

"TRAINEE"

"WCW"

Signature: Harrison Norris Jr.

Printed Name: HARRISON Norris Jr.

By: [Signature]

Title: DIRECTOR OF TALENT ACQUISITION

CONFIDENTIAL

INDEPENDENT CONTRACTOR AGREEMENT

FOR: HARRISON NORRIS JR

EXHIBIT "A"

COMPENSATION: In consideration of Trainee's grant of the rights, licenses and services hereunder, and provided Trainee faithfully and fully performs all of his obligations hereunder, WCW shall pay Trainee \$3,250.00 per month.

TERM: This Agreement shall commence as of the date first written above and shall continue for a Term of one (1) year. Thereafter, this Agreement shall automatically renew for two additional Terms of like duration at the same rate set out above, unless WCW shall serve written notice to Trainee at least thirty (30) days prior to the end of the Term of this Agreement of its decision to terminate this Agreement at the end of the Term. Reference herein to the Term hereof means the original term and any such renewal or extended term.

HOME BASE: Atlanta, GA

ADDRESS: 1028 Plantation Way

SOCIAL SECURITY NUMBER: 265-57-0393

Harrison Norris Jr.
TRAINEE

[Signature]
WORLD CHAMPIONSHIP WRESTLING, INC.

CONFIDENTIAL



JAMES J. DILLON

Chairman, Executive Committee
jj.dillon@turner.com

*World Championship Wrestling
A Division of Turner Sports
One CNN Center
Box 105366
Atlanta, GA 30348-5366*

FEDERAL EXPRESS

October 5, 1999

Mr. Harrison Norris
1028 Plantation Way
Kennesaw, GA 30144

Dear Harrison:

Pursuant to our recent phone conversation, this letter shall confirm that WCW is terminating your Independent Contractor Agreement effective, October 18, 1999. You will be paid through October 31, 1999.

Upon termination, you will be released from any further obligation under your current Independent Contractor Agreement and Merchandising Agreement with the exception of those provisions which specifically survive termination.

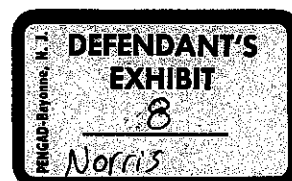
I want to thank you for your past efforts on behalf of WCW and your hard work and dedication and we look forward to working together in the future.

Sincerely,

JJ Dillon

CONFIDENTIAL

A Time Warner Company



WCW 002812

FedEx USA AirbillFedEx
Tracking
Number

808917087667

Form
I.D. No.

0210

SNA13

Sender's Copy

1 From (please print and press hard)Date 9/29/99 Sender's FedEx Account Number 2231-1177-7Sender's Name Georgia Davidson Phone (404) 603-3626Company WORLD CHAMPIONSHIP WRESTLINGAddress 2865 LOG CABIN DR

Dept./Floor/Suite/Room

City SMYRNA State GA ZIP 30080**2 Your Internal Billing Reference Information**
(Optional) (First 24 characters will appear on invoice)**3 To** (please print and press hard)Recipient's Name Harrison Norris Phone (770) 429-5579

Company _____

Address 1028 Plantation Way

(We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes)

City Kennesaw State GA ZIP 30144☒ Check here
if residence
(Extra charge applies
for FedEx Express Saver)**For HOLD at FedEx Location check here**☐ Hold Weekday
(Not available with
FedEx First Overnight)☐ Hold Saturday
(Available for FedEx Priority Overnight
and FedEx 2Day only)**For WEEKEND Delivery check here**☐ Saturday Delivery
(Available for FedEx
Priority Overnight and
FedEx 2Day only)☐ NEW Sunday Delivery
(Available for FedEx
Priority Overnight only)

Service Conditions, Declared Value, and Limit of Liability - By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. We will not be responsible for any claim in excess of \$100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your

actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

Questions?
Call 1-800-Go-FedEx® (800)463-3339

The World On Time

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4a Express Package Service Packages under 150 lbs.☒ FedEx Priority Overnight
(Next business morning)☐ FedEx Standard Overnight
(Next business afternoon)☐ FedEx First Overnight
(Earliest next business morning delivery to select locations) (Higher rates apply)☐ FedEx 2Day
(Second business day)☐ FedEx Express Saver
(Third business day)

FedEx Letter Rate not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs.☐ FedEx Overnight Freight
(Next business day)☐ FedEx 2Day Freight
(Second business day)☐ FedEx Express Saver Freight
(Up to 3 business days)

(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging☒ FedEx
Letter
(Declared value limit \$500)☐ FedEx
Pak☐ FedEx
Box☐ FedEx
Tube☐ Other
Pkg.**6 Special Handling**Does this shipment contain dangerous goods? ☐ No ☐ Yes

(One box must be checked)

☐ Yes (By per attached
Shipper's
Declaration)☐ Yes (Shipper's
Declaration
not required)☐ Dry Ice

Dry Ice, 9, UN 1845 x kg.

☐ Cargo Aircraft Only

*Dangerous Goods cannot be shipped in FedEx packaging

7 PaymentBill to: ☒ Sender☐ Recipient☐ Third Party☐ Credit Card☐ Cash/
Check

FedEx Account No. _____

Credit Card No. _____

Exp. Date _____

Total Packages _____

Total Weight _____

Total Declared Value* _____

Total Charges _____

*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature Sign to authorize delivery without obtaining signature.

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

321

WCSL 0998
Rev. Date 7/99
Part #153023PS
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PRINTED IN U.S.A.

0077060097

WCW 002814

04/06/00 15:18 FAX 404 827 3488

TBS TAX DEPT.

004

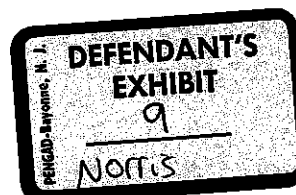
Do NOT Cut or Separate Forms on This Page

Form 1099-MISC

9595		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0015	
PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents		1997	
WORLD CHAMPIONSHIP WRESTLING		\$		Form 1099-MISC	
2 Royalties		\$		5 Fishing boat proceeds	
3 Other income		\$		6 Medical and health care payments	
4 Federal income tax withheld		\$		7 Nonemployee compensation	
5 Federal identification number		\$		8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
6 Medical and health care payments		\$		9 State income tax withheld	
7 Nonemployee compensation		\$		10 Crop insurance proceeds	
8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		\$		11 State income tax withheld	
9 State income tax withheld		\$		12 State/Payer's state number	
10 Crop insurance proceeds		\$		13	
11 State income tax withheld		\$		41-352411	
12 State/Payer's state number		GA 30144		Department of the Treasury - Internal Revenue Service	
13		2nd TIN Not		Do NOT Cut or Separate Forms on This Page	

Form 1099-MISC

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WCW 000294

04/06/00 15:18 FAX 404 827 3488

TBS TAX DEPT.

006

9595 <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0115 1998 Form 1099-MISC		Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Paperwork Reduction Act Notice and instructions for completing this form, see the 1998 Instructions for Forms 1099, 1098, 5498, and W-2G.	
PAYER'S name, street address, city, state, ZIP code, and telephone no. WORLD CHAMPIONSHIP WRESTLING		1 Rents \$		5 Fishing boat proceeds \$	
2 Royalties \$		3 Other income \$		7 Nonemployee compensation \$ 5925.00	
4 Federal income tax withheld \$		6 Medical and health care payments \$		8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
9 State income tax withheld \$		10 Crop insurance proceeds \$		11 State income tax withheld \$	
12 State/Payer's state number GA 30144		13		14	
PAYER'S Federal identification number 58-1811414		RECIPIENT'S identification number 265570393		2nd TIN Not <input type="checkbox"/>	
RECIPIENT'S name MORRIS, HARRISON		Street address (including apt. no.) 1028 PLANTATION WAY		City, state, and ZIP code KENNESAW GA 30144	
Account number (optional) 96857		TIN Not <input type="checkbox"/>		15	

Department of the Treasury - Internal Revenue Service

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41-1628001

Form 1099-MISC

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WCW 000297

04/06/00 15:19 FAX 404 827 3488

TBS TAX DEPT.

008

OMB NO. 1545-0115

1999
Form 1099-MISC
Miscellaneous Income
Copy B for recipient

PAYER

WORLD CHAMPIONSHIP WRESTLING

ONE CNN CENTER
ATLANTA, GA 303485366
Federal ID Number: 581811414
Phone Number: 404/827-0522

RECIPIENT

NORRIS, HARRISON JR

1026 PLANTATION WAY
KENNESAW, GA 30144
Taxpayer ID Number: 265570393
☐ 2nd TIN Notification

Miscellaneous Income Boxes

1: Rents	\$	0.00
2: Royalties	\$	0.00
3: Prizes, awards, etc.	\$	0.00
4: Federal income tax withheld	\$	0.00
5: Fishing boat proceeds	\$	0.00
6: Medical and health care payments	\$	0.00
7: Nonemployee compensation	\$	20,942.47
8: Substitute payments in lieu of dividends or interest	\$	0.00
9: Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$	0.00
10: Crop insurance proceeds	\$	0.00
11: State income tax withheld	\$	0.00
12: State/Payer's number	GA/581811414	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

CONFIDENTIAL

WCW 000298

Entity	Invoice No	Invoice Date	Invoice Amount	Vendor Name	Vendor	Vendor Type	Invoice Total	Check Number	Payment Date
6010	PE101396	10/13/96	300.00	NORRIS, HARRISON	96857	T	300.00	347465	10/23/1996
6010	PE111096A	11/10/96	150.00	NORRIS, HARRISON	96857	T	150.00	356267	11/20/1996
6010	PE111096A	11/10/96	200.00	NORRIS, HARRISON	96857	T	200.00	356267	11/20/1996
6010	PE112496	11/24/96	150.00	NORRIS, HARRISON	96857	T	150.00	360917	12/04/1996

CONFIDENTIAL**WCW 000288**

Entity	Invoice No	Invoice Date	Invoice Amount	Vendor Name	Vendor	Vendor Type	Invoice Total	Check Number	Payment Date
6010	PE122296	12/22/1996	358.76	NORRIS, HARRISON	96857 T		358.76	371501	01/02/1997
6010	PE010597	01/05/1997	150.00	NORRIS, HARRISON	96857 T		150.00	376317	01/15/1997
6010	PE011997	01/19/1997	150.00	NORRIS, HARRISON	96857 T		150.00	381689	01/27/1997
6010	PE021697	02/16/1997	1275.00	NORRIS, HARRISON	96857 T		1275.00	390196	02/24/1997
6010	PE031697	03/16/1997	500.00	NORRIS, HARRISON	96857 T		500.00	398475	03/25/1997
6010	PE033097	03/30/1997	150.00	NORRIS, HARRISON	96857 T		150.00	402553	04/09/1997
6010	PE041397	04/13/1997	600.00	NORRIS, HARRISON	96857 T		600.00	404805	04/23/1997
6010	PE042797	04/27/1997	300.00	NORRIS, HARRISON	96857 T		300.00	407647	05/06/1997
6010	PE051197	05/11/1997	2400.00	NORRIS, HARRISON	96857 T		2400.00	410398	05/20/1997
6010	PE060897	06/08/1997	300.00	NORRIS, HARRISON	96857 T		300.00	415560	06/17/1997
6010	PE062297	06/22/1997	300.00	NORRIS, HARRISON	96857 T		300.00	417751	07/01/1997
6010	PE070697	07/06/1997	300.00	NORRIS, HARRISON	96857 T		300.00	420259	07/15/1997
6010	PE072097	07/20/1997	1350.00	NORRIS, HARRISON	96857 T		1350.00	422804	08/01/1997
6010	PE080397	08/03/1997	1200.00	NORRIS, HARRISON	96857 T		1200.00	425235	08/12/1997
6010	PE083197	08/31/1997	600.00	NORRIS, HARRISON	96857 T		600.00	431428	09/17/1997
6010	PE101297	10/12/1997	1500.00	NORRIS, HARRISON	96857 T		1500.00	437079	10/22/1997
6010	PE102697	10/26/1997	2000.00	NORRIS, HARRISON	96857 T		2000.00	439053	11/05/1997

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WCW 000289

Entity	Invoice No	Invoice Date	Invoice Amount	Vendor Name	Vendor	Vendor Type	Invoice Total	Check Number	Payment Date
6010	PE011898	01/18/1998	1200.00	NORRIS, HARRISON	96857	T	1200.00	452820	01/28/1998
6010	PE020198	02/01/1998	450.00	NORRIS, HARRISON	96857	T	450.00	455005	02/11/1998
6010	PE032998	03/29/1998	300.00	NORRIS, HARRISON	96857	T	300.00	465472	04/08/1998
6010	PE041298	04/12/1998	1350.00	NORRIS, HARRISON	96857	T	1350.00	467504	04/22/1998
6010	PE052498	05/24/1998	350.00	NORRIS, HARRISON	96857	T	350.00	474779	06/03/1998
6010	PE062198	06/21/1998	425.00	NORRIS, HARRISON	96857	T	425.00	480657	06/25/1998
6010	PE070598	07/05/1998	1150.00	NORRIS, HARRISON	96857	T	1150.00	483503	07/14/1998
6010	PE071998	07/19/1998	350.00	NORRIS, HARRISON	96857	T	350.00	486309	07/24/1998

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WCW 000290

WORLDWRESTLING

From: 01/01/1990 To: 02/16/2000

Page:
Print Date: 02/16/2000
Print Time: 1:11:01 PM

Vendor SetID PSATL

APBU: 6010 WORLD CHAMPIONSHIP WRESTLING

0000032736 NORRIS, HARRISON JR

Date Paid	Voucher ID	Invoice ID	Invoice Date	Amount Paid	Pymnt Status	Method	Post Status
20 Oct 98	00001354	PE101198	11 Oct 98	USD 350.00	Paid	Check	Posted
		Subtotal for Month:	October 1998	USD 350.00			
13 May 99	00016922	PE043099	30 Apr 99	USD 1,282.19	Paid	Check	Posted
26 May 99	00018858	PE051599	15 May 99	USD 1,602.74	Paid	Check	Posted
		Subtotal for Month:	May 1999	USD 2,884.93			
15 Jun 99	00020449	PE053199	31 May 99	USD 1,709.59	Paid	Check	Posted
29 Jun 99	00022011	PE061599	15 Jun 99	USD 1,602.74	Paid	Check	Posted
		Subtotal for Month:	June 1999	USD 3,312.33			
15 Jul 99	00023257	PE063099	30 Jun 99	USD 1,602.74	Paid	Check	Posted
29 Jul 99	00024628	PE071599	15 Jul 99	USD 1,602.74	Paid	Check	Posted
		Subtotal for Month:	July 1999	USD 3,205.48			
12 Aug 99	00026094	PE073199	31 Jul 99	USD 1,709.59	Paid	Check	Posted
26 Aug 99	00027118	PE081599	15 Aug 99	USD 1,602.74	Paid	Check	Posted
		Subtotal for Month:	August 1999	USD 3,312.33			
15 Sep 99	00028317	PE083199	31 Aug 99	USD 1,709.59	Paid	Check	Posted
29 Sep 99	00029441	PE091599	15 Sep 99	USD 1,602.74	Paid	Check	Posted
		Subtotal for Month:	September 1999	USD 3,312.33			
14 Oct 99	00031325	PAY1999	30 Sep 99	USD 1,602.74	Paid	Check	Posted
27 Oct 99	00032226	PE101599	15 Oct 99	USD 1,602.74	Paid	Check	Posted
		Subtotal for Month:	October 1999	USD 3,205.48			
11 Nov 99	00033223	PE103199	31 Oct 99	USD 1,709.59	Paid	Check	Posted
		Subtotal for Month:	November 1999	USD 1,709.59			
Ending Balance for				6010	21,292.47		

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WCW 000291

Vendor SetID PSATL

From: 01/01/1990 To: 02/16/2000

Page: 4
Print Date: 02/16/2000
Print Time: 1:11:01 PM

APBU: WCW1 World Championship Wrestling

0000032736 NORRIS, HARRISON JR

Date Paid	Voucher ID	Invoice ID	Invoice Date	Amount Paid	Pymnt Status	Method	Post Status
29 Nov 99	00000078	PE111599	15 Nov 99	USD 1,602.74	Paid	Check	Posted
Subtotal for Month:			November 1999	USD 1,602.74			
Ending Balance for			WCW1	1,602.74			

Grand Total for Vendor

0000032736

22,895.21

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WCW 000292

P00328

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 Department of the Treasury -- Internal Revenue Service
 Form **1040** **U.S. Individual Income Tax Return**

1996

IRS Use Only -- Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1996, or other tax year beginning

, 1996, ending

, 19

OMB No. 1545-0074

 Use
the
IRS
label.
Other-
wise,
please
print
or type.

L A S E R P R I N T E R

 Harrison Norris
 Audrey K. Norris
 1028 Plantation Way
 Kennesaw

GA 30144

 Your social security number
 265-57-0393

 Spouse's social security no.
 273-64-5846

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	X	

Presidential Election Campaign

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If qualifying person is a child but not your dependent, enter child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (yr. spouse died ▶ 19). (See instructions.)

For help finding line instructions, see pages 2 and 3 in the booklet.

Exemptions

 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

No. of boxes checked on lines 6a and 6b

2

b ☒ Spouse
c Dependents:

(1) First name

Last name

(2) Dependent's social security number. If born in Dec. 1996, see inst.

(3) Dependent's relationship to you

(4) No. of mos. lived in home in 1996.

If more than six dependents, see the instructions for line 6c.

Anna Norris		524-85-8583	Daughter	12

No. of your children on line 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers entered on lines above

3

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

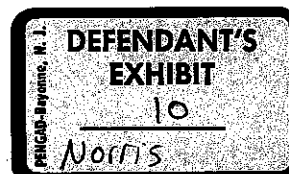
If you did not get a W-2, see the instructions for line 7.

Enclose, but do not attach, any payment. Also, please enclose Form 1040-V (see the instructions for line 62).

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	11,937.
8a	Taxable interest. Attach Schedule B if over \$400.	8a	22.
b	Tax-exempt interest. DO NOT include on line 8a	8b	
9	Dividend income. Attach Schedule B if over \$400	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	-5,579.
13	Capital gain or (loss). If required, attach Schedule D	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see inst.)	15b	
16a	Total pensions and annuities	16a	
b	Taxable amount (see inst.)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see inst.)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income. ▶	22	6,380.
23a	Your IRA deduction (see instructions)	23a	
b	Spouse's IRA deduction (see instructions)	23b	
24	Moving expenses. Attach Form 3903 or 3903-F.	24	
25	One-half of self-employment tax. Attach Schedule SE	25	
26	Self-employed health insurance deduction (see inst.)	26	
27	Keogh & self-employed SEP plans. If SEP, check... ▶ <input type="checkbox"/>	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29	30	0.
31	Subtract line 30 from line 22. This is your adjusted gross income ▶	31	6,380.

Adjusted Gross Income

If line 31 is under \$28,495 (under \$9,500 if a child did not live with you), see the instructions for line 54.



For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Preparers Edition Form 1040 (1996)

P00329

CONFIDENTIAL

Harrison

Norris

SSN: 265-57-0393

Form 1040 (1996)

32 Amount from line 31 (adjusted gross income)		32	6,380.
Tax Computation	33a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here 33a		
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here 33b		
	34 Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single -- \$4,000 • Married filing jointly or Qualifying widow(er) -- \$6,700 • Head of household -- \$5,900 • Married filing separately -- \$3,350	34	6,700.
	35 Subtract line 34 from line 32.	35	-320.
Credits	36 If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter	36	7,650.
	37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	0.
	38 Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Forms(s) 8814 b <input type="checkbox"/> Form 4972	38	0.
	39 Credit for child & dependent care exp. Attach Form 2441 39		
Other Taxes	40 Credit for the elderly or the disabled. Attach Schedule R 40		
	41 Foreign tax credit. Attach Form 1116 41		
	42 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form 42		
	43 Add lines 39 through 42. 43		
Payments	44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- 44		0.
	45 Self-employment tax. Attach Schedule SE. 45		
	46 Alternative minimum tax. Attach Form 6251 46		
	47 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 47		
Refund	48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 48		
	49 Advance earned income credit payments from Form(s) W-2 49		
	50 Household employment taxes. Attach Schedule H. 50		
	51 Add lines 44 through 50. This is your total tax 51		0.
Amount You Owe	52 Federal income tax withheld from Form(s) W-2 and 1099 52	448.	
	53 1996 estimated tax payments & amt. applied from 1995 return 53		
	54 Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amt. <input type="text"/> and type <input type="text"/> 54	2,152.	
	55 Amount paid with Form 4868 (request for extension) 55		
Sign Here	56 Excess social security and RRTA tax withheld (see inst.) 56		
	57 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136. 57		
	58 Add lines 52 through 57. These are your total payments 58	2,600.	
	59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID 59	2,600.	
Paid Preparer's Use Only	60a Amount of line 59 you want REFUNDED TO YOU 60a	2,600.	
	b Routing no. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account no. <input type="text"/>		
	61 Amount of line 59 you want APPLIED TO 1997 EST. TAX 61	0.	
Sign Here	62 If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE . For details on how to pay and use Form 1040-V, see instructions 62	0.	
	63 Estimated tax penalty. Also include on line 62 63	0.	
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>
Sign Here	Spouse's signature. If a joint return, BOTH must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>
	Preparer's signature <input type="text"/>	Date <input type="text"/>	Preparer's social security no. <input type="text"/>
	Firm's name (or yours if self-employed) and address <input type="text"/>	EIN <input type="text"/>	ZIP code <input type="text"/>
	Check if self-employed. <input checked="" type="checkbox"/>		

SCHEDULE C
(Form 1040)Department of Treasury
Internal Rev. Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1996Attachment
Sequence No. **09**Name of proprietor **Harrison****Norris**Social security number (SSN)
265-57-0393**A** Principal business or profession, including product or service (see page C-1)**Entertainment****Wrestling & Boxing****B** Enter principal busn. code ▶
9696**C** Business name. If no separate business name, leave blank.**HardBody Harrison****D** Employer ID no. (EIN), if any**E** Business address, City, State, ZIP**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 1996, check here ▶**Part I Income**

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here ▶ <input type="checkbox"/>	1	900.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1.	3	900.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	900.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7 Gross income. Add lines 5 and 6 ▶	7	900.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising.	8		19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10	4,650.	a Vehicles, machinery, & equip.	20a	
11 Commissions and fees.	11		b Other business property	20b	
12 Depletion.	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	429.	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, & entertainment:		
16 Interest:			a Travel	24a	1,400.
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		
b Other	16b		c Enter 50% of line 24b subject to limitations (see pg. C-4)		
17 Legal and professional services	17		d Subtract line 24c from line 24b	24d	
18 Office expense.	18		25 Utilities.	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ▶ **28** **6,479.****29** Tentative profit (loss). Subtract line 28 from line 7 **29** **-5,579.****30** Expenses for business use of your home. Attach **Form 8829** **30****31** **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on **Form 1040, line 12**, and ALSO on **Schedule SE, line 2** (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you **MUST** go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

- If you checked 32a, enter the loss on **Form 1040, line 12**, and ALSO on **Schedule SE, line 2** (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you **MUST** attach **Form 6198**.

32a ☒ All investment is at risk.**32b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

CAA C12 NTF 5474

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CONFIDENTIAL**P00330**

Schedule C (Form 1040) 1996

Part III	Cost of Goods Sold (see page C-5)
-----------------	--

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
-----------	--	-----------	--

36	Purchases less cost of items withdrawn for personal use	36
----	---	----

37	Cost of labor. Do not include salary paid to yourself	37	
-----------	---	-----------	--

38	Materials and supplies	38
-----------	-------------------------------------	-----------

39	Other costs	39
----	-------------------	----

40	Add lines 35 through 39	40	
-----------	-------------------------------	-----------	--

41	Inventory at end of year	41
----	--------------------------------	----

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 **42**

Part IV **Information on Your Vehicle.** Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____

44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business _____ **b Commuting** _____ **c Other** _____

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

[illegible]

48 Total other expenses. Enter here and on page 1, line 27	48
---	-----------

SCHEDULE EIC
(Form 1040A or 1040)Department of Treasury
Internal Rev. Service (99)**Earned Income Credit**
(Qualifying Child Information)▶ Attach to Form 1040A or 1040.
▶ See instructions on page 2.

OMB No. 1545-0074

1996Attachment
Sequence No. **43**

Name(s) shown on return: First and initial(s)	Last	Your social security no.
Harrison Audrey K.	Norris Norris	265-57-0393

Before You Begin . . .

- See the instructions for Form 1040A, line 29c, or Form 1040, line 54, to find out if you can take this credit.
- If you can take the credit, fill in the Earned Income Credit Worksheet in the Form 1040A or Form 1040 instructions to figure your credit. **But if you want the IRS to figure it for you, see instructions on page 2.**

Then, you must complete and attach Schedule EIC only if you have a qualifying child (see boxes on page 2).**Information About Your Qualifying Child or Children**

If you have more than two qualifying children, you only have to list two to get the maximum credit.

Caution: If you do not attach Schedule EIC and fill in all the lines that apply, it will take us longer to process your return and issue your refund.

	(a) Child 1	(b) Child 2
1 Child's name	First name Anna Last name Norris	First name Last name
2 Child's year of birth	19 92	19
3 If the child was born before 1978 AND --		
a was under age 24 at the end of 1996 and a student, check the "Yes" box, OR	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
b was permanently and totally disabled (see page 2), check the "Yes" box	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4 Enter the child's social security number. If born in December 1996, see instructions on page 2	524-85-8583	
5 Child's relationship to you (for example, son, grandchild, etc.)	Daughter	
6 Number of months child lived with you in the United States in 1996	12 months	months



Do you want the earned income credit added to your take-home pay in 1997? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 1996

CAA EIC1 NTF 5558

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CONFIDENTIAL**P00332**

CONFIDENTIAL**p00333**Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

1996Attachment
Sequence No. **67**Department of Treasury
Internal Rev. Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return **Harrison
Norris**Business or activity to which this form relates
Entertainment - Schedule CIdentifying number
265-57-0393

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$17,500
2 Total cost of section 179 property placed in service. See page 2 of the instructions	2	3,005.
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	17,500.
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0.
10 Carryover of disallowed deduction from 1995. See page 2 of the instructions	10	
11 Business income limitation. Enter the smaller of busn. income (not less than zero) or line 5 (see instructions)	11	6,358.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0.
13 Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12. . . . ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions. ☐

Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (busn./investment use only -- see inst.)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property		3,005.	7.0	HY	200% DB	429.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See page 4 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1996.	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions.	21	429.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form **4562** (1996)

CAA 456212 NTF 5301

Norris

265-57-0393 Entertainment - Schedu

Form 4562 (1996)

Page 2

Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See page 5 of the instructions for limitations for automobiles.)

23a Do you have evidence to support business/investment use claimed? ☒ **Yes** ☐ **No** **23b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	---	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use (See page 5 of the instructions.):

Vehicle	08/15/96	71%						
		%						
		%						

25 Property used 50% or less in a qualified business use (See page 5 of the instructions.):

		%				S/L-		
		%				S/L-		
		%				S/L-		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 **26**

27 Add amounts in column (i). Enter the total here and on line 7, page 1 **27**

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during year (DO NOT include commuting miles)	15,000					
29 Total commuting miles driven during year	3,000					
30 Total other personal (noncommuting) miles driven	3,000					
31 Total miles driven during the year. Add lines 28 through 30.	21,000					
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
32 Was the vehicle available for personal use during off-duty hours?	X					
33 Was the vehicle used primarily by a more than 5% owner or related person?	X					
34 Is another vehicle available for personal use?		X				

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 6 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 6 of the instructions.		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1996 tax year:					

41 Amortization of costs that began before 1996.

42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return

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P00334

Harrison Norris

265-57-0393

EARNED INCOME CREDIT WORKSHEET (FOR SCHEDULE EIC)

1 Wages from Form 1040, line 7 11,937.

2 If Form 1040, line 7 includes a taxable scholarship/fellowship grant that was not reported on a W-2, enter the taxable scholarship/fellowship grant that was not reported on a W-2 here

3 Line 1 less line 2 11,937.

4 Enter amt of any nontaxable earned income ...

5 If you were self-employed or reported income/expenses on Schedule C as a statutory employee, the amount from line 3 of the worksheet for line 5 will be transferred here -5,579.

6 Total of lines 3, 4, and 5 6,358.

7 Credit from EIC Table based on line 6 2,152.

8 Modified adjusted gross income 9,170.

9 If line 8 is \$11,650 or more (\$5,300 or more if no qualifying children), credit from EIC Table based on line 8 0.

10 Earned Income Credit:
If line 8 is less than \$11,650 (\$5,300 if no qualifying children), enter the amount from line 7. Otherwise, the smaller of line 7 or line 9 2,152.

REQUIRED CREDIT REDUCTION

a AMT amount from Form 1040, Line 46 0.

b Line 10 reduced by the AMT amount 2,152.

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P00335

NTF
1996FORM 104 — LONG FORM
COLORADO INDIVIDUAL INCOME TAX RETURN

1996-104

CONFIDENTIAL
P00336


RESIDENCY STATUS (CHECK ONE)	(13) <input type="checkbox"/> FULL-YEAR RESIDENT(S) (53) <input checked="" type="checkbox"/> PART-YEAR RESIDENT(S) OR NONRESIDENT(S) (or resident, part-year, nonresident combinations) For calendar year 1996 or other tax year beginning _____, 1996, ending _____, 199_____ Use the Colorado mailing label or please print or type.		
NAME AND ADDRESS	FIRST NAME AND INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
	Yourself Harrison	Norris	265-57-0393
	Spouse, if joint Audrey K.	Norris	273-64-5846
	Address 1028 Plantation Way		Your telephone number
	City, State and ZIP Code Kennesaw GA 30144		
If you use a tax preparer and do not want this booklet mailed to you next year, please check here <input type="checkbox"/>			
REPORT YOUR INCOME	<div style="text-align: right;">ROUND TO THE NEAREST DOLLAR</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>1 ENTER AMOUNT from federal Form 1040, line 37; or from federal Form 1040A, line 22; or from federal Form 1040EZ, line 6; or from the federal Telefile worksheet, line J (FEDERAL TAXABLE INCOME)</div> <div style="border: 1px solid black; padding: 2px;">-7,970.00</div> </div> <div style="margin-top: 5px;"> <div>2 STATE INCOME TAX ADDBACK. Enter the amount, if any, you claimed as a state income tax deduction on Schedule A of your federal Form 1040</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>3 Non-Colorado state and local bond interest.</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>4 Lump-sum distributions from a pension or profit sharing plan.</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>5 Other additions, explain: _____</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 10px;"> <div>6 Total of lines 2, 3, 4 and 5</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 10px;"> <div>7 Total of lines 1 and 6</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">-7,970.00</div> </div> </div>		
ATTACH WITH-HOLDING FORMS HERE	<div style="text-align: center;">SUBTRACTIONS FROM FEDERAL INCOME</div> <div style="margin-top: 5px;"> <div>8 If you reported a state income tax refund on line 10 of your federal Form 1040, enter the amount of such refund on this line</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>9 United States government interest</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>10 Pension-annuity exclusion, taxpayer</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>11 Pension-annuity exclusion, spouse</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 5px;"> <div>12 Other subtractions such as medical savings account contributions, explain: _____</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 10px;"> <div>13 Total of lines 8 through 12</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> </div> <div style="margin-top: 10px;"> <div>14 COLORADO TAXABLE INCOME, line 7 minus line 13.</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> </div>		
ATTACH CHECK OR MONEY ORDER HERE	<div style="text-align: center;"> GO TO THE TAX TABLE ON PAGES 9 AND 10 WITH YOUR TAXABLE INCOME FROM LINE 14 TO FIND YOUR TAX. FULL-YEAR RESIDENTS ENTER YOUR TAX ON LINE 15 ON PAGE 2 OF THIS RETURN. PART-YEAR RESIDENTS AND NONRESIDENTS GO TO FORM 104PN. </div>		

NTF Harrison
CO Form 104 (1996)

Norris

265-57-0393

Page 2

TAX AND CREDITS	15	COLORADO TAX from the tax table. Part-year residents and nonresidents enter tax from line Q, Form 104PN	15	0	.00
	16	Alternative minimum tax from Form 104AMT	16		.00
	17	Total of lines 15 and 16	17	0	.00
	18	Personal Credits from line 4, Part I, Form 104 CR	18		.00
	19	Enterprise Zone Credits from line 12, Part II, Form 104 CR	19		.00
	20	Total of lines 18 and 19, but not more than line 17	20	0	.00
	21	Net tax, line 17 minus line 20	21	0	.00
PRE-PAYMENTS	22	COLORADO INCOME TAX WITHHELD from wages and winnings	22	242	.00
	23	ESTIMATED TAX payments and credits; extension payments; and amounts withheld on nonresident real estate sales.	23		.00
	24	Total of 22 and 23	24	242	.00
	25	If line 24 exceeds line 21, enter your overpayment	25	242	.00
	26	Amount on line 25 to be credited to 1997 estimated tax	26		
VOLUNTARY CONTRIBUTIONS	ENTER THE AMOUNT, IF ANY, YOU WISH TO CONTRIBUTE TO:				
	27	The Colorado Nongame and Endangered Wildlife Fund	27		.00
	28	The Colorado Domestic Abuse Fund	28		.00
	29	The Colorado Homeless Prevention Activities Fund	29		.00
	30	The United States Olympic Committee Fund	30		.00
	31	Action Older American Volunteer Program	31		.00
	32	The Colorado Child Care Improvement Program	32		.00
	33	The Drug Abuse Resistance Education Fund	33		.00
REFUND OR AMOUNT OWED	34	Total of lines 26, 27, 28, 29, 30, 31, 32 and 33.	34		.00
	35	Line 25 minus line 34. This is your REFUND	35	242	.00
	36	If amount on line 21 exceeds amount on line 24, enter amount you owe. Include amounts entered as voluntary contributions on lines 27 through 33, if any. Include penalty (96) \$ and interest (97) \$ if applicable.	36	0	.00
	MAKE CHECK PAYABLE TO COLORADO DEPARTMENT OF REVENUE. TO INSURE YOU RECEIVE CREDIT FOR YOUR PAYMENT, WRITE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK. PLEASE DO NOT SEND CASH.				
SIGN YOUR RETURN	Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.				
	Your Signature 	Date	Paid preparer's name, address, telephone # and signature Cheryl L. Bean 3729 Red Canon Place Colorado Springs CO 80904 PHONE: 719-632-2366 4/4/99		

MAIL YOUR RETURN TO: COLORADO DEPARTMENT OF REVENUE 1375 SHERMAN STREET DENVER, CO 80264

Jackson Hewitt Tax Service
2555 Bolton Rd. #11
Atlanta, GA 30318
(770)435-6195
03/28/98

Dear HARRISON & AUDREY K NORRIS JR,

Thank you for choosing Jackson Hewitt to transmit your income tax return to the IRS. We are happy to be of service.

Your refund is \$2319 for your federal return. Your return has been electronically filed with the Internal Revenue Service Memphis Service Center. The following forms and schedules are part of your federal return:

1 1040
1 C
1 EIC
1 W-2

We have furnished you with a copy of the transmitted information. The above forms were included in the return you gave us for electronic filing. IRS advises that you should keep these copies in a safe place in case you need to refer to them, along with your copy of Form 8453.

If you have any questions about a tax return, filing procedure or anything related to our service, please ask. If you need to contact us after tax season, an office will be open on M from 10-6 at:

3260-E SOUTH COBB DR SE
SMYRNA, GA 30080-4182

It was our pleasure serving you and we'll see you again next year!

Sincerely,

Jackson Hewitt Tax Service

CONFIDENTIAL

P00317

CONDENSED FORM 1040

1997*00

OMB NO. 1545-0074

NAME: HARRISON & AUDREY K NORRIS JR
1028 PLANTATION WAY
KENNESAW GA 30144

SSN:265-57-0393
SSN:273-64-5846

\$3 TO PRES FUND: NO \$3 TO PRES FUND FOR SPOUSE: NO
FILING STATUS: MARRIED FILING JOINT RETURN
EXEMPTIONS: YOURSELF SPOUSE

LINE 6C:DEPENDENTS

NAME	SSN	REL.	MONTHS
ANASTASIA NORRIS	524-85-8583	DAUGHTER	12

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NUMBER OF CHILDREN IN 6C WHO:

LIVED WITH YOU = 1

DIDN'T LIVE WITH YOU DUE TO DIVORCE OR SEPARATION = 0

NUMBER OF OTHER DEPENDENTS ON 6C = 0

6D. TOTAL NUMBER OF EXEMPTIONS 3

LINE	DESCRIPTION	AMOUNT	LINE	DESCRIPTION	AMOUNT
7.	WAGES, TIPS, ETC.	14293.	34: A.	0 B: ()	
8A.	INTEREST	22.	35.	STANDARD DEDUCTION	6900.
8B.	TAX-EXEMPT INTEREST	0.	36.	AGI - DED.	1649.
9.	DIVIDENDS	0.	37.	EXEMPTIONS	7950.
10.	STATE REFUNDS	0.	38.	TAXABLE INCOME	0.
11.	ALIMONY RECEIVED	0.	39.	TAX (INC 8814/4972)	0.
12.	SCHEDULE C INCOME	-5766.	40.	FORM 2441	0.
13.	CAPITAL GAIN/LOSS	0.	41.	SCHEDULE R	0.
14.	OTHER GAIN/LOSS	0.	42.	FORM 8839	0.
15A.	IRA DISTRIBUTION	0.	43.	FORM 1116	0.
15B.	TAXABLE AMOUNT	0.	44.	OTHER CREDITS	0.
16A.	PENSIONS	0.	45.	TOTAL CREDITS	0.
16B.	TAXABLE AMOUNT	0.	46.	SUB TOTAL	0.
17.	SCHEDULE E INCOME	0.	47.	SELF EMPLOYMENT TAX	0.
18.	SCHEDULE F INCOME	0.	48.	AMT	0.
19.	UNEMPLOYMENT	0.	49.	FORM 4137	0.
20A.	SOCIAL SECURITY	0.	50.	PENS. TAX FROM 5329	0.
20B.	TAXABLE AMOUNT	0.	51.	AEIC	0.
21.	OTHER INCOME	0.	52.	HOUSEHOLD EMPL TAX	0.
22.	TOTAL INCOME	8549.	53.	TOTAL TAX	0.
23.	IRA DEDUCTION	0.	54.	FITW	109.
24.	MSA	0.	55.	EST/PRIOR YR PAYMENT	0.
25.	MOVING EXPENSES.	0.	56.	EARNED INCOME CREDIT	2210.
26.	HALF SE TAX.	0.	57.	FORM 4868	0.
27.	SE HEALTH INSURANCE	0.	58.	EXCESS WITHHELD	0.
28.	KEOGH-SEP DEDUCTION	0.	59.	FORM 4136/2439	0.
29.	PENALTY ON SAVINGS	0.	60.	TOTAL PAID	2319.
30.	ALIMONY PAID	0.	61.	OVERPAID	2319.
31.	TOTAL ADJUSTMENTS	0.	62A.	REFUND TO YOU	2319.
32.	AGI	8549.	62B.	RTN: 122220593	
33.	AGI	8549.	62C.	ACCT TYPE: CHECKING	
FILE: EMW16594.ACR			62D.	ACCT# 9820265570393	
PREPARER ID.: 11			63.	APPLY NEXT YEAR	0.
I: 1998.02.26 P: 1998.03.24			64.	AMOUNT OWED	0.
			65.	ESTIMATED PENALTY	0.

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

1997Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule C (Form 1040).

Name of proprietor

HARRISON NORRIS JR

Social security number (SSN)

265-57-0393

A Principal business or profession, including product or service (see page C-1)

WRESTLING AND BOXING

B Enter principal busn. code ►

9696

C Business name. If no separate business name, leave blank.**D** Employer ID no. (EIN), if any**E** Business
address,
City, state, ZIP**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 1997, check here**Part I Income**

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	1	14500.
2 Returns and allowances	2	0.
3 Subtract line 2 from line 1	3	14500.
4 Cost of goods sold (from line 42 on page 2)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	14500.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	0.
7 Gross income. Add lines 5 and 6	7	14500.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	1600.	19 Pension & profit-sharing plans	19	0.
9 Bad debts from sales or services (see page C-3)	9	0.	20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10	8820.	a Vehicles, machinery, & equip	20a	0.
11 Commissions and fees	11	75.	b Other business property	20b	1180.
12 Depletion	12	0.	21 Repairs and maintenance	21	320.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	736.	22 Supplies (not included in Part III)	22	1020.
14 Employee benefit programs (other than on line 19)	14	0.	23 Taxes and licenses	23	0.
15 Insurance (other than health)	15	0.	24 Travel, meals, & entertainment:		
16 Interest:			a Travel	24a	1500.
a Mortgage (paid to banks, etc.)	16a	0.	b Meals and entertainment		1300.
b Other	16b	0.	c Enter 50% of line 24b subject to limitations (see pg. C-4)		650.
17 Legal and professional services	17	0.	d Subtract line 24c from line 24b	24d	650.
18 Office expense	18	0.	25 Utilities	25	1405.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	20266.	26 Wages (less employment credits)	26	0.
29 Tentative profit (loss). Subtract line 28 from line 7	29	-5766.	27 Other expenses (from line 48 on page 2)	27	2960.
30 Expenses for business use of your home. Attach Form 8829	30	0.	31	31	-5766.

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you MUST go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

- If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you MUST attach Form 6198.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

CAA 7 C12 NTF 11030

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Schedule C (Form 1040) 1997

HARRISON & AUDREY K NORRIS JR

265-57-0393

Schedule C (Form 1040) 1997

Page 2

Part III Cost of Goods Sold (see page C-5)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 0.
36	Purchases less cost of items withdrawn for personal use	36 0.
37	Cost of labor. Do not include salary paid to yourself	37 0.
38	Materials and supplies	38 0.
39	Other costs	39 0.
40	Add lines 35 through 39	40 0.
41	Inventory at end of year	41 0.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42 0.

Part IV Information on Your Vehicle. Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 8/15/96

44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:

a Business 28000. **b** Commuting 0. **c** Other 20000.

45 Do you (or your spouse) have another vehicle available for personal use?

46 Was your vehicle available for use during off-duty hours?

47a Do you have evidence to support your deduction?

b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SPECIAL WARDROBE	1610.
TAPES	250.
SPECIAL SERVICES	1100.
48 Total other expenses. Enter here and on page 1, line 27	48 2960.

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P00320

SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service**Earned Income Credit**
(Qualifying Child Information)▶ Attach to Form 1040A or 1040.
▶ See instructions on page 2.

OMB No. 1545-0074

1997Attachment
Sequence No. **43**

Name(s) shown on return: First and initial(s)

Last

Your social security no.

HARRISON & AUDREY K NORRIS JR

265-57-0393

Before you begin . . .

- See the instructions for Form 1040A, lines 29c and 29d, or Form 1040, lines 56a and 56b, to find out if you can take this credit.
- If you can take the credit, fill in the Earned Income Credit Worksheet in the Form 1040A or Form 1040 instructions to figure your credit. **But if you want the IRS to figure it for you, see instructions on page 2.**

Then, you must complete and attach Schedule EIC only if you have a qualifying child (see boxes on page 2).**Information About Your Qualifying Child or Children**

If you have more than two qualifying children, you only have to list two to get the maximum credit.

Caution: If you do not attach Schedule EIC and fill in all the lines that apply, it will take us longer to process your return and issue your refund.

	Child 1		Child 2	
	First name	Last name	First name	Last name
1 Child's name	ANASTASIA NORRIS			
2 Child's year of birth	19 92		19	
3 If the child was born before 1979 AND --				
a was under age 24 at the end of 1997 and a student, check the "Yes" box, OR	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
b was permanently and totally disabled (see page 2), check the "Yes" box	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
4 Enter the child's social security number	524-85-8583			
5 Child's relationship to you (for example, son, grandchild, etc.)	DAUGHTER			
6 Number of months child lived with you in the United States in 1997	12 months		months	

Do you want the earned income credit added to your take-home pay in 1998? To see if you qualify, get **Form W-5** from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).**For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.**

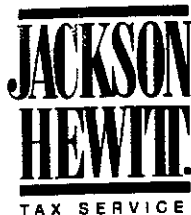
Schedule EIC (Form 1040A or 1040) 1997

CAA **7 EIC1** NTF 11034
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DEPRECIATION SUMMARY PAGE 1 OF 1				
HARRISON NORRIS JR	A	B	C	D
				E
SCHEDULE:	SCH C#1 WRE	SCH C#1 WRE	SCH C#1 WRE	
DESCRIPTION	HONDA ACCOR WEIGHTS	TV AND VCR		
DATE PLACED IN SERVICE	8/15/1996	8/1/1996	8/1/1996	
COST/BASIS	0.	2100.	905.	
LAND BASIS (IF ANY)	0.	0.	0.	
%BUSINESS	58.33%	100.00%	100.00%	
179 EXPENSE	0.	0.	0.	
DEPR BASIS	0.	2100.	905.	
CLASS	5	7	7	
METHOD	HY	200DBHY	200DBHY	
PRIOR YR TOTAL	0.	300.	129.	
1997 DEPR%	0.000%	24.490%	24.490%	
1997 DEPRECIATION	0.	514.	222.	

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P00322

1997

No: **16594**2555 Bolton Rd. #11
Atlanta, GA 30318

03/26/1998

9:00-1:00 ()

1:00-5:00 (X)

5:00-9:00 ()

PRIOR ()

NEW (X)

Primary: NORRIS JR

Spouse: NORRIS

FS: MFJ

Address: 1028 PLANTATION WAY
KENNESAW

HARRISON

AUDREY K

GA 30144

SSN: 265-57-0393

SSN: 273-64-5846

Phone Day: (770) 429-5579

Eve: (770) 429-5579

Tax Preparation 0.00

Transmit Only 75.00

JH ACR Application 0.00

Miscellaneous 0.00

School 0.00

Total Jackson Hewitt Fee .. 75.00

Bank Fee 24.00

Total Withheld Fee 99.00

[] SFRAL [X] ACR [] ETR [] PAP

Employee # 11

Office # 10773

Federal Refund 2319.00

State Refund 0.00

State Refund 0.00

State Refund 0.00

State Refund 0.00

Other 0.00

CONFIDENTIAL**P00323**

16594 NORRIS JR, HARRISON & NORRIS, AUDREY K

Declaration Control Number (DCN)

00-585792-15508-9

CONFIDENTIAL**P00342**

IRS Use Only -- Do not write or staple in this space.

Form **8453****U.S. Individual Income Tax Declaration
for Electronic Filing**

OMB No. 1545-0936

Department of the Treasury
Internal Revenue Service

For the year January 1 - December 31, 1998

1998

▶ See instructions on page 2.

Use the
IRS label.Otherwise,
please
print or
type.LABEL
HERE

Your first name and initial

HARRISON

Last name

NORRIS JR

Your social security number

265-57-0393

If a joint return, spouse's first name and initial

AUDREY K

Last name

NORRIS

Spouse's social security no.

273-64-5846

Home address (number and street). If you have a P.O. box, see instructions.

1028 PLANATION WAY

Apt. no.

City, town or post office, state, and ZIP code.

KENNESAW GA 30144

▲ IMPORTANT! ▲You must enter
your SSN(s) above.

Telephone number (optional)

(770) 429-5579

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1040, line 22; Form 1040A, line 14; Form 1040EZ, line 4)	1	10312.
2	Total tax (Form 1040, line 56; Form 1040A, line 34; Form 1040EZ, line 10)	2	0.
3	Federal income tax withheld (Form 1040, line 57; Form 1040A, line 35; Form 1040EZ, line 7)	3	896.
4	Refund (Form 1040, line 66a; Form 1040A, line 41a; Form 1040EZ, line 11a)	4	2110.
5	Amount you owe (Form 1040, line 68; Form 1040A, line 43; Form 1040EZ, line 12)	5	0.

Part II Declaration of Taxpayer (Sign only after Part I is completed.)

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 1998 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

c ☐ I authorize (1) the U.S. Treasury and its designated Financial Agents to initiate an ACH debit (automatic withdrawal) entry to my financial institution account designated in the electronic portion of my 1998 Federal income tax return for payment of my Federal taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 1998 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

CAA 8 84531 NTF 17826 GLD 2909 Copyright Forms Software Only, 1998 Nelco

Sign
Here

Your signature

Date

Spouse's signature. If a joint return, BOTH must sign.

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Electronic Return Originators of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's
Use
OnlyERO's
signature

Date

Check if
also paid
preparer ☐Check
if self-
employed ☐Your social security number
XXX-XX-XXXXFirm's name (or yours
if self-employed)
and addressJackson Hewitt Tax Service
2555 Bolton Rd. #11
Atlanta, GA

EIN 58-2018858

ZIP code

30318-0000

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid

Preparer's
signature

Date

Check
if self-
employed ☒Preparer's social security no.
521-70-5528Preparer's
Use OnlyFirm's name (or yours
if self-employed)
and addressCHERIE L BEAN
3729 RED CANON PLACE
COLORADO SPRINGS CO

EIN 52-1705528

ZIP code 80904

For Paperwork Reduction Act Notice, see page 2.

Form **8453** (1998)

Memphis

TAXPAYER INFORMATION FORM

Jackson Hewitt Tax Service transmits your tax return electronically to the IRS. Jackson Hewitt has no control over your refund after the IRS accepts your return.

Primary Social Security Number: 265-57-0393Receipt # 15508

Your filing status is:

1. Single _____ 2. Married Filing Jointly X 3. Married Filing Separately _____ 4. Head of Household _____ 5. Qualifying Widow(er) _____

The expected amount of your refund is 2110. The IRS may examine your return and cause your tax refund to be delayed. In particular, the Earned Income Credit portion of your refund may cause the IRS to delay depositing all or part of your refund in the bank. Jackson Hewitt does not have any control over these IRS decisions, nor does Jackson Hewitt have any way to determine which refunds might be delayed or for how long.

CONTACT INFORMATION: Your federal return will be filed electronically with the Memphis Service Center. To check the status of your federal return, you should call the IRS at 1-800-829-1040 or the IRS TELE-TAX number at 1-800-829-4477.

If you need to contact Jackson Hewitt, you may call our office at (770) 435-5344.

X **You selected an SFRAL - SuperFast Refund Anticipation Loan:**

The bank may deny your request for the SuperFast Refund Anticipation Loan on all or part of the requested loan amount. If this happens, your check will be delayed by 9-16 days or until the IRS deposits your refund into the bank. It is possible that the IRS may not deposit your refund and will instead contact you directly or send you a refund check in the mail. Please call the Jackson Hewitt office where your return was prepared if this happens. If you have a delinquent loan from any RAL-participating bank or owe a delinquent government debt, such as individual or business taxes, child support, student loans, etc., your refund may be reduced or eliminated by the delinquent amount. The expected amount of your check is 591. The remaining balance will be sent as an ACR check for 1360.

 You selected an ACR/ADD - Accelerated Check Refund:

The bank will not release your Accelerated Check Refund to Jackson Hewitt until it has received your refund as a direct deposit by the IRS, usually 9-16 days. If you have a delinquent loan from any RAL-participating bank or owe a delinquent government debt, such as individual or business taxes, child support, student loans, etc., your refund may be reduced or eliminated by the delinquent amount.

If there are no IRS delays, your check/deposit is expected _____ or _____ as long as it is accepted by the IRS by _____. The expected amount of your check/deposit is _____. This does not include any state refund amount.

You understand and agree to the following:

- Your return has been prepared by Jackson Hewitt based solely on the information provided by you, and you will be responsible for any misinformation provided therein.
- If you are claiming the Earned Income Credit, you understand that the EIC portion of your refund may cause the IRS to delay depositing all or part of your refund into the bank.
- You have been given a copy of the bank's application and a summary of your tax return.
- In the event that you are not approved for either a SuperFast Refund Anticipation Loan or an Accelerated Check Refund, Jackson Hewitt will notify you. You will still be responsible for \$ 80. in tax preparation fees not paid by the deposit of your refund plus any applicable collection costs actually incurred.

Taxpayer Signature _____ Date _____

Joint Taxpayer Signature _____ Date _____

CONFIDENTIAL**P00343**

Return Recap

Page 1

Primary: 265-57-0393 HARRISON NORRIS JR

Spouse : 273-64-5846 AUDREY K NORRIS

Address:1028 PLANATION WA	24b:	1000	24b:08/08/1996
:Y	24c:	500	24c: 58.000%
City:KENNESAW	24d:	500	Vehicles(list)
State:GA	27:	6425	28:
ZIP code:30144	28:	24329	29:
2:(MFJ)	29:	-11404	31:
6a:(YES)	31:	-11404	32:(YES)
6b1:(YES)	32a:(YES)		32:(YES)
6b2:	48:ONLINE SERVICES		34:(NO)
6b3:	48:	350	
6c1:ANASTASIA NORRIS	48:SPECIAL WARDROBE		
6c2:524-85-8583	48:	1800	
6c3:DAUGHTER	48:ADVERTISING AIDS -TSHI		
6c4:(YES)	:RTS		
6d:	48:	2000	
7:	48:800 NUMBER VOICE MAIL		
12:	48:	825	
22:	48:TAPES		
33:	48:	300	
34:	48:COMMISSIONS		
35a:(NO)	48:	400	
35a:(NO)	48:SPECIAL SERVICES		
35s:(NO)	48:	750	
35a:(NO)	48(total):	6425	
35b:(NO)	*** Schedule EIC		
36:	1(a):ANASTASIA		
37:	2(a):	1992	
38:	4(a):524-85-8583		
40a:	5(a):DAUGHTER		
57:	6(a):	12	
59a:	*** Form 4562:		
63a:(NO)	Activity:SCH C#1 WRESTLIN		
63b:(NO)	:G AND BOXING		
64:	1:	18500	
65:	2:	13600	
66a:	3:	200000	
ETR DIRECT DEPOSIT: (NO)	6:(list)		
ACR DIRECT DEPOSIT: (NO)	6a:WRESTLN RING		
*** Schedule C(T)	6b:	13600	
A:WRESTLING AND BOXING	6c:	2000	
B:711210	8:	2000	
C:HARDBODY HARRISON	9:	2000	
D:58-1811414	11:	12312	
E:1028 PLANTATION WAY	12:	2000	
E:KENNESAW GA 30144	15c(list)		
F:(cash)	15c(c):	11600	
G:(YES)	15c(d):	7	
1:	15c(e):MQ		
3:	15c(f):200 DB		
5:	15c(g):	414	
7:	21:	2939	
8:	23a:(YES)		
10:	23b:(YES)		
13:	24(list)		
20a:	24a:HONDA ACCORD		
21:	24b:08/15/1996		
22:	24c: 57.778%		
24a:	24a:VEHICLE		

CONFIDENTIAL

P00347

C

GA-8453 (REV 11-98)

IRS DCN

00

5 8 5 7 9 2

1 5 5 0 8

9

GA-8453

1998

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Use Label Otherwise Please Print or Type	L A B E L H E R E	Your First Name And Initial	Last Name	Your Social Security No.
		HARRISON	NORRIS JR	265-57-0393
		If A Joint Return, Spouse First Name And Initial	Last Name	Spouse's SSN
		AUDREY K	NORRIS	273-64-5846
		Home Address (number and street).	Apt. No.	Daytime Telephone
		1028 PLANATION WAY		(770) 429-5579
		City, Town or Post Office, State and Zip Code		
		KENNESAW, GA 30144		

PART I TAX RETURN INFORMATION (Whole dollars only.)	
1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500 EZ, Line 1)	1. 10312
2. Georgia Taxable Income (Form 500, Line 15; Form 500 EZ, Line 1)	2. 0
3. Net Georgia Tax (Form 500, Line 18; Form 500 EZ, Line 2)	3. 0
4. Refund (Form 500, Line 31; Form 500 EZ, Line 10)	4. 250

PART II DIRECT DEPOSIT OF REFUND	
5. Routing Transit Number (RTN)	<div style="border: 1px solid black; width: 300px; height: 20px;"></div> First two numbers of the RTN must be 01 through 12 or 21 through 32
6. Depositor Account Number (DAN)	<div style="border: 1px solid black; width: 600px; height: 20px;"></div>
7. Type of Account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
8. Proof of Account:	<input type="checkbox"/> Check <input type="checkbox"/> Other

CONFIDENTIAL

P00348

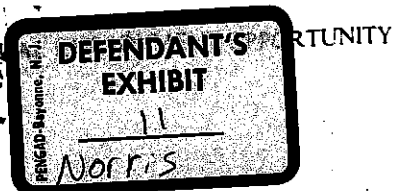
PART III DECLARATION OF TAXPAYER(S)	
ATTACH GEORGIA COPY OF FORMS W-2, W-2G, & 1099-R HERE. ATTACH OTHER STATE RETURN, SCHEDULES & STATEMENTS ON BACK.	
9. <input type="checkbox"/> I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 5 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.	
<input checked="" type="checkbox"/> I do not want direct deposit of my refund.	
Under penalty of perjury, I declare that the information I have provided to my electronic return originator (ERO) and the amounts shown in Part I agree with the amounts shown on the corresponding lines of my 1998 Georgia tax return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.	

Sign Here: Your Signature _____ Date _____ Spouse's Signature _____ Date _____

PART IV DECLARATION OF ELECTRONIC FILING ORIGINATOR AND PAID PREPARER	
I declare that I have reviewed the above taxpayer's return and that the entries on GA-8453 are complete and correct to the best of my knowledge.	
ERO's Signature	Date _____ Check if also paid preparer <input checked="" type="checkbox"/> Your Social Security Number XXX-XX-XXXX
Use Only	ERO SSN XXX-XX-XXXX
Firm's name (or yours if self-employed) and address	FID 58-2018858
Jackson Hewitt Tax Service 2555 Bolton Rd. #11 Atlanta, GA 30318-0000	

If prepared by a person other than the taxpayer, this declaration is based on all information which the taxpayer has knowledge.

Paid Preparer's Use Only: Preparer's Signature _____ Date _____ FID _____ Preparer's Social Security No. _____
Firm's name (or yours if self-employed) and address _____



EQUAL EMPLOYMENT OPPORTUNITY

In order to ensure equal employment opportunity for every employee and applicant, all decisions relating to employment and personnel will be made without regard to race, religion, sex, sexual orientation, age, national origin, citizenship status, veteran status, or disability. *The Company is firmly committed to a policy and practice of non-discrimination in all areas of employment, and the Company will fully comply with all applicable federal, state and local statutes pertaining to employment.* Company policy and guidelines for handling situations involving harassment and disabilities are set forth below:

1. Harassment

Harassment, which includes harassment on the basis of race, religion, sex, sexual orientation, age, national origin, or disability, against employees or applicants in any form will not be tolerated.

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature. Harassing conduct is that type of conduct which creates a hostile or intimidating work environment, which interferes with an individual's work performance, or which otherwise adversely affects an individual's employment opportunities. *Employees who have engaged in such conduct will be disciplined up to, and including, discharge.* It is the responsibility of all supervisors and managers to strictly enforce the terms of this policy.

Any employee who feels that he/she has been a victim of, or has witnessed, harassment prohibited by this policy should report the improper conduct to his/her immediate supervisor who will be responsible for reporting it to Human Resources for further investigation and action where appropriate. An employee may bring the matter directly to Human Resources at his/her option. *In no case should an employee allow the charge of improper conduct to go unreported. Retaliation against any employee for reporting harassment will not be tolerated, and will be treated with the same strict discipline.* Any and all reports of harassment received by Human Resources will be immediately and thoroughly investigated, and action will be taken.

All employees have an obligation to cooperate in such investigations. The employee will be advised by Human Resources that he/she will not be retaliated against, and that any information given will be restricted as much as possible. *However, no guarantee of absolute confidentiality can be provided.*

The employee who submitted the charge of harassment to his/her supervisor or the Human Resources Department will be advised of the outcome of the investigation when appropriate, but will be advised in all cases when an investigation has been completed.

2. Disability (Americans with Disabilities Act of 1990)

Discrimination against any qualified individual with a disability in any aspect of employment is prohibited. *Employment decisions shall be based on the ability of the individual to perform the job, without reliance on presumptions, generalizations, or assumptions about what the person can or cannot do.* Individuals with disabilities shall be reasonably accommodated, if necessary.

Guidelines For Handling ADA Accommodation Requests

The Application Process:

**WCW 007050
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An individual with a need for accommodation in the application process, including assistance in filling out an application form, help with a job interview or any other need, should bring this to the attention of Human Resources. Reasonable accommodations will be made if they do not constitute an undue hardship.

Employment:

An employee who needs an accommodation in his or her position should bring this to the attention of his or her supervisor. In doing so, the employee may complete a Job Accommodation Request form available in Human Resources and provide it to his/her supervisor.

The supervisor will discuss the needed accommodation with the employee, and the supervisor and the employee should then discuss with Human Resources what accommodations might be provided. Human Resources will either approve an accommodation, or work further with the supervisor and the employee on an alternative. The supervisor and Human Resources should complete the Job Accommodation Request form as appropriate.

The employee is free at any time to go directly to Human Resources in order to discuss any problems or concerns, and in order to establish a potential accommodation.

Reasonable accommodations will be made if they do not constitute an undue hardship, and if the employee does not constitute a direct threat to safety at the Company.

In all situations, the Company encourages individuals with disabilities to develop to their fullest potential and grants them every opportunity to advance in employment.

The items listed in this policy are intended as guidelines and, while every effort will be made to adhere to them, some circumstances may call for a different approach.

current as of: 07/24/96

CHARGE OF DISCRIMINATION This form is affected by the Privacy act of 1974; See Privacy Act Statement before completing this form.		AGENCY <input type="radio"/> FEPA <input checked="" type="radio"/> EEOC	CHARGE NUMBER 110 AD 1773
NAME (Indicate Mr., Ms., Mrs.) Mr. Harrison Norris		RECEIVED FEB 25 2000 EEOC-ATDO	
		and EEOC State or Local Agency, if any	
STREET ADDRESS 1028 Plantation Way, Kennesaw, Georgia 30144		HOME TELEPHONE (Include Area Code) (770) 429-5579	DATE OF BIRTH Feb. 5, 1966
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below).			
NAME World Championship Wrestling, Inc. ("WCW")	NUMBER OF EMPLOYEES, over 100	TELEPHONE (Include Area Code) (404) 603-1010	
STREET ADDRESS ONE CNN Center, Box 105366, Atlanta, Georgia 30348	CITY, STATE AND ZIP CODE	COUNTY Fulton	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="radio"/> RACE <input type="radio"/> COLOR <input type="radio"/> SEX <input type="radio"/> RELIGION <input type="radio"/> NATIONAL ORIGIN <input type="radio"/> RETALIATION <input type="radio"/> AGE <input type="radio"/> DISABILITY <input type="radio"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL) Oct. 18, 1999 <input type="radio"/> CONTINUING ACTION	

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s))

1. From the period August, 1996, to April, 1999, I worked for WCW without a contract. I customarily worked at least eight (8) hour days and forty (40) hour weeks. During this time, WCW booked me to wrestle on less than two dozen occasions, of which I was directed to lose each and every match. For each match, I was paid only \$150.00 to \$300.00, and had to pay for my own travel expenses, which most often would exceed my income. I received no benefits and received no IRS W-2 forms. Specifically, I did not receive minimum wage or overtime pay.
2. On or about April 19, 1999, I entered into a contract with WCW, nominally as an independent contractor. From April, 1999, through October, 1999, I was permitted to wrestle sparingly, and was directed to lose all but one match.
3. In a letter dated October 5, 1999, WCW informed me that my Contract was terminated effective October 18, 1999. WCW never indicated to me that they were displeased with any of the work I had performed.
4. To advance within WCW, a wrestler must be "promoted" by WCW and receive exposure to the public. WCW has complete control over how much (if any) exposure each wrestler receives. If WCW, for whatever reason, does not push or otherwise provide exposure to the wrestler, the wrestler cannot develop a fan base and will not be able to advance within the WCW.

(SECOND PAGE ATTACHED)

Murray Public, Cobb County, Georgia.
 My Commission Expires March 27 2003.

<input type="radio"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - (When necessary for State and Local Requirements) <i>Deborah Sanders</i> I swear or affirm that I have read the above charge and the best of my knowledge, information and belief.
I declare under penalty of perjury that the foregoing is true and correct. <i>Harrison Norris</i> Date 24 Feb 00 Charging Party (Signature)	SIGNATURE OF COMPLAINANT P00127 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, Month, and year)

DEFENDANT'S
 EXHIBIT

12
 Norris

Out of the over 100 wrestlers it has under contract, no more than 5 or 6 are African-American. When WCW does "promote" African-American wrestlers, it does so in a blatantly derogatory and racist manner. Other African-American wrestlers are told to act as pimps, savages, "Uncle Toms," or otherwise cast in negative stereotypes.

Because of WCW's refusal to "push" me, I have been unable to advance in WCW. I was also being precluded from earning Merchandising Royalties, pay-per-view revenues, and the realistic opportunity to renew my Contract for an increased salary at the end of its term.

I believe that I was discriminated against based upon my race by being paid substantially less money than similarly situated white employees and by the termination of my employment while similarly situated white employees and independent contractors were retained in violation of 42 U.S.C. § 1981 Title VII of the Civil Rights Act.

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

☐ FEPA
☒ EEOC

110A01773

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

State or local Agency, if any

and EEOC

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Mr. Harrison Norris

770-429-5579

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

1028 Plantation Way, Kennesaw, Georgia 30144

02/05/66

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

Turner Sports

Over 500

404-603-1010

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

One CNN Center, Box 105366, Atlanta, Georgia 30348

Fulton

NAME

TELEPHONE NUMBER (Include Area Code)

World Championship Wrestling ("WCW")

404-603-1010

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

One CNN Center, Box 105366, Atlanta, Georgia 30348

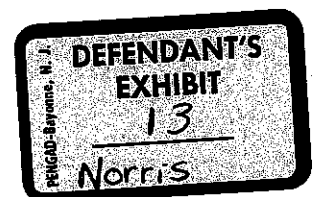
Fulton

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify)☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s))

1. Charging Party amends his previously filed Charge of Discrimination to include Turner Sports as a Respondent in this matter.
2. Respondent Turner Sports is Charging Party's employer for purposes of Title VII, and has full knowledge of these claims and the factual circumstances giving rise to these claims.
3. See Attached Affidavit and Exhibit.



P00151

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

[Signature]

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Month, day and year)

Date

Charging Party (Signature)